

**SOCIAL PERCEPTIONS OF DISEASE AND ITS TREATMENT
IN MEDIEVAL INDIA C. 1500—1800 A.D.**

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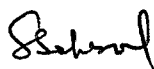
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for Historical Studies

CERTIFICATE

Certified that the dissertation entitled "SOCIAL PERCEPTIONS OF DISEASE AND ITS TREATMENT IN MEDIEVAL INDIA, C. 1500 - 1800 A.D." submitted by Ajay Jha is in partial fulfilment of MASTER OF PHILOSOPHY Degree of this University. This is an original work and has not been submitted for any other Degree to this or any other University to the best of our knowledge.

We recommend that this dissertation be placed before the examiners for evaluation.



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AJAY JHA

Abbreviations

AHR	American Historical Review.
ASL	Asian Science of Life.
BHM	Bulletin of History of Medicine.
BIHM	Bulletin of the Institute of History of Medicine.
EPW	Economic and Political Weekly.
HWJ	History Workshop Journal.
HO	Human Organisation.
IESHR	Indian Economic and Social History Review.
IHRC	Indian Historical Records Commission.
IHR	Indian Historical Review.
IHC	Indian History Congress.
IJHM	Indian journal of History of Medicine.
IICQ	Indian International Centre Quarterly.
IJHS	Indian Journal of History of Science.
IJMR	Indian Journal of Medicine Research.
IJPSM	Indian Journal of Preventive and Social Medicine.
JSES	Journal of Social and Economic Studies.
JIASI	Journal of Indian Anthropological Studies of India.
JAS	Journal of Asian Studies.
JBORS	Journal of Bihar and Orissa Research Society.
IJHM	Indian Journal of History of Medicine.
MAS	Modern Asian Studies.
SA	South Asia

SEA South East Asia
SHM Studies in History of Medicine.
SS Social Scientist.
SH Study in History.
SSM Social Science and Medicine.
P & P Past & Present.
TOI Times of India.
RBML The Rajiv Bambawale Memorial Lecture.
IMG Imperial Medical Gazetteer.

INTRODUCTION

This preliminary study attempts to open a window on the mental world of medieval Indian people through the entry point of their perceptions of disease and its treatment. This entry point was chosen on the assumption that a crisis situation like disease or epidemic brings to the surface all the latent images and tensions which get articulated, in their acute form.

Disease and death stir up the inert attitudes and sensibilities, they are a universal phenomenon (as experienced by each human society throughout their existence). Hence, here 'medical experience' or 'medical gaze' is used to understand in its 'wholeness' the period between C.1500 and 1800 AD. Thus, the medieval men's anxiety towards life was best reflected in their perceptions of health and disease from the point of view of sufferers as well as from the professionals point of view. As the death and illness dominated life in the earlier societies immensely, we want to understand the past in terms of disease illness and the treatment process ; to use the experience of illness in the past as a tool of historical inquiry.

Health cannot be placed at the level of bio-medicine specially when there were no clear-cut identifications of

disease and their causation. People believed diseases to be the punishment for breaking social taboos or as handi-work of malevolent deities which exist within the environs of a given 'space' (village) etc. Thus illness was culturally constructed exposing not only the perception of the sufferers but also those around him, that is to say the role played by the professionals and the family members. The effort then is to reconstruct the social history as well as the history of medicine in terms of socio-cultured construction of the past¹.

The paradigm of our discussion then centers around the examination of 'social perception of disease and medicine in relations to the professionals (Vaid, Hakeem, Doctors, Shamans, Mystics etc.) and the diseased which also deals with the hierarchy of medical beliefs prevalent at the level of ruler and the ruled.²

Here an effort has been made to study the practices, belief systems of patients and practitioners at various levels pertaining to the minor and major ailments. Thus exposing the web of relationship which existed at each levels. The process of examination involves the cultural

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1. Roy Porter , 'Introduction' in Patients and Practitioners Cambridge, 1985, p.2.
 2. Douglas Guthrie, A History of Medicine, New York, 1945, p.3.

meanings attached to disease and cure ; the diffusion of various forms of medical knowledge and their response to the 'Modern' medicine. It is pertinent here to make clear that we are not arguing for or against any kind of 'medical treatment system. We are simply using the medical treatment system, as a cultural prism, in terms of cultural pressures and experience.³ Thuswise the concept of health is a part of human beings worldview and their place within it. That is to say it is an expression of dynamic human relationship with environment.⁴ As Henery E. Sigereist says"... medicine is nothing else than the manifold relations between diseased and the cures ... thus the medical history is a social history".⁵

Medicine than is a cultural phenomenon in continuum, illustrating its professional and political dimensions which get shaped by the cultural circumstances that surround it, and give it a particular character. That is to say, it is structurally embedded in the political and social thought of

3. Arthur Kliman, 'Concepts and A Model for the Comparison of Medical Systems as Cultural Systems', SSM, Vol.12., p.85.

4. International Encyclopedia of Social Sciences, New York, 1968, p.88 ; G.Melvyn Howe, Man Environment and Disease in Britain, Penguin, 1976.

5. Henery E. Sigereist, 'Seminar' at California Academy of Medicine, March,11, 1940.

its day.⁶ Hence, this attempt of reconstructing the world of C.1500-1800 A.D. in its socio-cultural and intellectual perspective through medical experience.

There are diverse patterns of belief and behavior associated with the human response to illness, injury and premature death. Most of these patterns vary systematically from culture to culture. Each human group develops specific patterns of beliefs and behavior (a process of adaptation to the environment) to facilitate individual and group adaptation. Hence its own cultural meaning of its health problem, treatment process and the crops of healers. Then, in all human groups, no matter how small or technologically primitive or advanced, there exists a body of beliefs about the nature of disease, its causation, cure, and its relations to other aspects of group life. Thus, to understand how a particular culture lives, thinks and see. The terrain of the 'history of the sick' does not have much of historiography. Attempts by social scientists to understand the cultural conceptions of disease, prevalent preferences for prevention and cure, acceptance and rejection of a particular medical system, dependence on

6. Charles Rosenberg, John H. Warner and others opine this Quoted in Roy Macleod and Milton Lewis (ed), Disease, Medicine and Empire, London, 1988, pp.1-88.

magical, human and spiritual agents to eliminate a disease are recent and patchy, specially in the case of India.⁷ Infact whatever exists, has been written from the point of view of highlighting the glorious past as reflected in Carak Samhita or that of Susruta Samhita or the decline of Ayurveda during the Muslim rule.⁸ While some have tried to give a picture of synthesis between Ayurveda and Unani (the traditional system of medicine which came with Muslim rule during Middle Ages.⁹ Others have detected the expansion of Western medicine in the garb of Imperialism.¹⁰ But none have tried to gather the scattered information in the form of medical experience which reflects 'a total' relationship of man to nature.

Here an attempt is being made to comprehend the Mughal

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7. GiriRaj Gupta (ed), The Social and Cultural Context of Medicine in India, New Delhi, 1987, p.5 ; (1) Roy Porter (ed) Patients and Practitioners, Cambridge, 1985, pp.3-4.
 8. R.C.Majumdar, 'Medicine' in D.M. Bose (eds) The Concise History of Science in India, New Delhi, 1971.
 9. Poonam Bala, Imperialism and Medicine in Bengal, New Delhi, 1991, ch : 1 and 2.
 10. David Arnold, Imperial Medicine and Indigenous Societies, Delhi, 1989 ; 'Cholera and Colonialism in British India' in P & P, No. 113, 1986. Also followed by Poonam Bala.op.cit. ; Radhika Ramasubban in Disease, Medicine and Empire (eds) Roy Macleod and Milton Lewis, London 1988, p.38-60.

period from C. 1500-1800 AD., exposing the medical traditions from Ayurveda to that of European with an intermittent period of the co-existence of Ayurveda and Unani. This long period of examination helps to reveal the interrelationship between the three traditions of medical systems and then the struggle between the indigenous system (Folk, Ayurvedic and Unani) and the modern' or the European Medicine. Infact we would see till the early nineteenth century there were no struggle but a coexistence. It was with changed political and social condition which led to the animosity between them.¹¹ That is the period could be seen in terms assimilation of like culture_ Ayurveda and Unani and the rejection and struggle between European and the indigenous.

The sources which have helped us to understand the medical experiences are varied.. Though most of them are the accounts of European travelers who as merchants and as doctors came to India and commented upon the medical heritage-John Fryer, F.Bernier, N. Manucci, Tavernier, Abbe Carre, Garcia da Orta- and also practiced medicine at the

11. David Arnold, op.cit. 1986; Radhika Ramasubban, op.cit. 1988, pp.38-39 ; K.N. Panikar, "Indigenous Medicine and Cultural Hegemony" in Studies in History, Vol. 8. No.2. 1992, pp.289-308.

court. Then there are memoirs, autobiographies and chronicles of Mughal rulers - Babur, Jahangir, Shahjahan, - Akbar have commented upon the Unani and the Ayurvedic traditions as well as the European medicine of the period. Then there are the ethnographic accounts of British officials who have written in details about the attitudes, customs, beliefs of the Indians. They are mostly accounts written in early 19th century and thus could be stretched on the basis of earlier information received through travelers accounts. Then there are the works of medical anthropologist and sociologists who have studied specific areas or tribes to understand the human behavior. These sources have been further supplemented with secondary literature which has allowed us to comprehend the problem and analyze the scattered material systematically. To overcome the limitations of the sources, the argument has been corroborated with modern day belief systems which exist among the tribals.¹² With all these data the works of Roy Porter, David Arnold, Macleod and Lewis Milton, Paul Slack, Kathrine Park, Ann G. Carmichad, Henery Sigereist,

12. S.N.H. Rizvi, Medical Anthropology of Jaunsari's, New Delhi, 1991; B.D. Chauduri ; (ed), Tribal India, 1986, New Delhi, B.H.Mehta, Gonds of Central Indian Highlands (ed), Vol. 1, ch.5, New Delhi, 1986.

N.H.Keswani, Donald R.Hopkins, Tim Dyson and McNeill's and other work have facilitated my understanding on the subject.

In the first chapter we would discuss the treatment systems existing between C.1500 to 1800 A.D. taking into account the total medical traditions of India from Folk Ayurveda, Unani to the last being European, until the 19th century, on the fringes and limited to the ruling elite, for their proximity to the Europeans.

The second chapter deals with popular perceptions of disease and cure. This takes into consideration the various levels of perceptions from lay to the professionals . Bringing out a hierarchy of relationships among doctors, diseased and the family members, who all have a role assigned to them. The emphasis has been laid on the study of epidemics as they caused maximum amount of distress, fear, despair. The general notions of misfortune, barrenness too have been taken account and the methods and mechanisms to obtain relief have also been discussed.

The third chapter deals with the European perceptions of disease and cure. It has been explained through two case studies of the contemporary personal documents ; this has been done by way of making a comparison between the Indian and the European social perceptions of diseases. The chapter also brings out European understanding of Indian medicine and cure systems.

And lastly the conclusion which brings out the comprehension and analysis of the problem through medical experience.

CHAPTER I

THE SYSTEMS OF TREATMENT OF DISEASES IN - MUGHAL INDIA C. 1500-1800 A.D.

Each society, develops its own mechanism and means to deal with nature or rather achieve a compatibility with it. It had been an age-old struggle for a society to establish such a relationship. Diseases and epidemics are such variants which a human society has been facing from time immemorial. In fact it is as old as the human civilisation itself, The search for 'medicine'/cure, was there because men thought that they were immortal.¹ Hence rise of diverse patterns of behaviour and beliefs which were associated with health and diseases were shaped by geographical, socio-economic, political, religious and circumstances like psychology.² It was these aspects which gave a particularistic nature of development of health systems in

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1. Sir. J.G.Frazer, The Golden Bough, (3rd ed.), 1890-1915, Vol.II,p.95 quoted in Douglas Guthrie, A History of Medicine, (New, York, 1945), p.3.
 2. Joachim whaley, Mirrors of Morality, (Europa Publication), 'Introduction; p.9.

different society and culture.³ According to E. Ackeshncht (1940's), "Medical concepts should be understood as an integrated aspect of culture",⁴ and he also looks at medicine as a reflector of cultrual system of a society.

The period of seventeenth century to early nineteenth century had multi-therapic knowledge. Infact, the system which prevailed responded to the needs of the circumstances, R.S. Khare, doing field work in some north Indian villages, had called it 'village therapic system', as it took into account the indigenou cultural constructs to express the moments of agony, pain, fear etc..⁵ The patients provided their own ideas and feelings about sickness, health and remedies. The medicine was supplemented with blessings, and the notions of "Dharma" and "Karma" laid the foundation for the diagnosis of the disease.

3. Buddhadeb Chaudhuri, "Cultrual Dimensions of Health : A Study on West Bengal Village", in Bhuddhadeb Chaudhuri (ed), Tribal Medicine, (New Delhi, 1986), p.289.
4. Quoted in Paul U.Unschuld, Medicine in China : A History of Ideas, (Berkeley, 1976), p.3.
5. R.S. Khare, "Folk Medicine in North Indian Village some further Notes and Observation " in Griraj Gupta. (ed), The social and Cultural Context of Medicine in India, (New Delhi, 1987), pp.266-285.

This chapter discusses the nature of the medical traditions existing in the period. No distinct line of demarcation can be made as the 'earliest of the medical notions have continued to survive to this day.⁶ From the Herbalist and Magico-religious healers of primitive times to the Ayurvedic traditions of ancient period, which was the founding traditions of the Hindu Medicine of India, the Unani traditions of Middle ages and the European medicine of Seventeenth-Eighteenth century, all overlapped with each other. Technologically also, they did not excel much and different to offer anything separately to the populace.⁷

In primitive societies, diseases were thought to be the result of sin, disobedience of social norms and taboos in present or previous life. It was considered a punishment for defiance of social-moral norms. In fact

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6. Appendix, The evidence of the herblists present in this age of 'bio-medicine' and genetic medicine shows the continuity of old traditions and beliefs. Also the lack of modern medicine to reach the lower strata of the society, may be the reason; lies else where.
 7. Note : According to A.L.Basham till the 'Germ theory' of disease causation came into being in late 19th century all medical system were same. Here we are talking of Indian case. A.L. Basham. "The Practice of Medicine in Ancient India" in Charles Leslie (ed), Asian Modical Systems : A Comparative Study, (Berkeley, 1976), pp.18-43.

this kind of opinion has continued to survive to this day.⁸ Ain-I-Akbari, the administrative manual of the Mughal period has a separate chapter on the popular perception of diseases and their causes from minor to major ailments.⁹ The societies living on fringes of civilization (tribals) still consider certain disease as mechanisation of witchcraft, spirits, black magic, and displeasure of malevolent deities and spirits which exist within the environment of a village etc.¹⁰ There also exist many studies done by medical sociologists,¹¹ medical anthropologists,¹² and psychologist, who have tried to look at the medical beliefs differently.¹³

8. S.Sanatombi Singha."Folk Medicine of Manipur",Folklore, Vol. 31, No.355, January, 1990, pp.7-13.
9. Abul Fazl, Ain-i-Akbari, Vol.3 (translated) H.S. Jarret and jadunath Sarkar, (New Delhi, 1978), p.229.
10. In fact most literature referred for this research work has, talked of such notions existing in past and still continuing. But to name "few-G.M.Castairs, Death of a Witch : A Village in North India-1950-81, (London, 1983). Alexander Kinloch Forbes, Rasmala : or Hindu Annals in western India. (London,1878), William Crooke, The Popular Religion and folk Lore of North India, 2 Vols. (New Delhi, 1972) for more see Biolography.
11. Buddhadeb Chaudhuri (ed), Tribal Health, (New Delhi, 1986), B.D.Paul(ed),Health Culture and Community, (New York, 1955).
12. S.N.H.Rizvi,Medical Anthropology of the Jaunsaris,(New Delhi, 1991).
13. Sudhir Kakar, Shamans, Mystics and Doctors(New Delhi, 1990).

In all human groups no matter how small or technologically primitive they have their own materia-medica, which takes into account the body of beliefs about diseases and its causations and cure. The pre-colonial India (1500-1800) with which we are concerned here had a variety of medical systems working together. The populace taking recourse to all of them at the same time, hardly ever caring which system had cured them.¹⁴

Without going into the history of Indian medicine, we discuss this pluralistic approach of the period. During this period Herbalist, Magico-religious, Ayurvedic, Unani and European medicine were available for therapy, although the recourse to European therapy was limited. It was only available to the selected groups of European settlements, Army and for the ruling class. And as David Arnold, puts it, 'it was only after 1800 did the western medicine achieve any kind of superiority, that too after 1858, when as a policy matter they started the neglect of the indigenous medicine.¹⁵ In fact, till then all the systems had been performing their art of healing together, without any

14. G.M.Castairs, "Medicine and Faith in Rural Rajasthan" in B.D.Paul (ed), . Health, Culture and Community : (New York,1955) pp.107-134.

15. David Arnold(ed),Imperial Medicine and Indigenous Societies, (Delhi,1989) p.11.

animosity to one-another.

Medicine was a 'natural art' born out of the instinct of self-preservation. Folk medicine, which was the earliest of the traditions and had continued into the Middle Ages, constituted of Herbalist (which was known to general population) and was conducted through family members; the other aspect of folk medicine was that the diseased were cured by magico-religious rituals. The bonesetters, massage man, the mid-wives who for ages had been helping our human civilization with their healing art were also an important constituents of it. The other section of this chapter would deal with Ayurvedic medicine. This medical system has not only been guiding the Indian society from the Vedic ages but had spread to the other regions of the area- Sri Lanka , China, South East Asia and became the basis of the development of these areas traditional medical health system.¹⁶ In fact the failure of modern medicine to provide cure for all the ailments, have made them think once again of the Ayurvedic Science. It is one of the most 'holistic' of the medical tradition.¹⁷ Its basis is humoral theory. The

16. Jean Filliozat, "The Expansion of Indian Medicine Abroad", in India's contribution on world thought and culture. (Madras, 1970). 17. India International Quarterly, Vol. 18, No.2 and 3, 1989 is wholly devoted to this subject.

next was the Unani system which too is based on humour but came from Greek and Arab traditions. It rose to prominence during the Mughal rule, by state patronage.¹⁸ But Poonam Bala has shown how during this intermediary period, Ayurvedic and Unani medicine went hand in hand with each other and co-existed in harmony.¹⁹ And finally the European medicine, which came with European travellers, company officials, missionaries etc. and remained limited in nature and influence within the settlements of these people.

FOLK MEDICINE/TRIBAL MEDICINE

Folk medicine has also been called 'Domestic Medicine'.²⁰ Disease according to this notion was caused by evil influence of spirits, god, animal, magic, witchcraft, cosmological reasons and even due to breaking of the religious and moral taboos etc, which could only be cured by systematically removing the sins committed in present life of past through rituals and propitiations. To remove a malevolent element cause from the human body was called

18. R.C.Majumdar, 'Medicine' in D.M. Bose, S.N. Sen. B.V.Subbarayapa (ed) A Concise History of Science in India, (New delhi,1971) ch:4-pp 213-273.
19. Poonam Bala, The State and Indigenous Medicine : "Some Explorations or Interaction between Ayurveda and the Indian State." (Dissertation UnpublISHED) (JNU. CSM & CH/SSS. 1982).
20. D.Guthrie, A History of Medicine, (New York, 1945)p.11.

cure. This could be done by calculating the cosmological situations and mending by prayer, propitiation, holy baths, invocations, sacrifices, sorcery, exorcism, magic, use of charms, talisman . In fact, it could even be transferred to any other object like animal, tree or man.²¹ According to folk belief, disease, disability or the mental disorder were caused supernaturally as a punishment of sin committed in present or past life. With this magico-religious notions, there was also another tradition that treated disease as a natural cause, which could be treated by use of herbs, drugs, massage and with it the incantation of mantras. The emphasis was on the use of natural things from the ecosystem. The genesis of these could be traced to the Atharvedic period, when for healing, the use of amulets, magical verses and sacrifices were used (Atharveda II.9.3). This medicine was also practiced by midwives, bone-setters, barber surgeons etc.

It was natural that with these notions, there also rose a class of skilled people who could conduct these curing processes . Most of the herbal treatment were known to general people but the use of mantras, the magic, religious ritual performance drove the populace to the priests, who

21. Ibid. p.12.

performed all these activities. Thus he was the first medicine man of the society. The diseases which broadly fell into this section were many and not easy to chart them. But we would name some of them and discuss them in the next chapter with examples. Disease or illness or the latter variant epidemics, were the situations or circumstances when human being were in-activated, and at times decimated because of it. Man failed to perform his duties which were ascribed to him . He was helped by his family members and a crop of professionals, who helped him to regain his normal health.²² The family constituted of 'domestic healers' and the crop of professionals who are the ' wise-men' of society and had graduated from Priest to magician or 'ojha', or 'Mati' or 'Bhagat', treated their patients with rituals, mantras, herbs, sacrifices. They even used amulets, which could constitute any thing from a charmed paper to bat's bone, charmed water and incantations etc.²³ The disease caused by the anger of goddess, evil spirits, ancestral spirits etc. sorcery, witchcraft, evil eye or for that

22. Donald A. Kennedy, "Perception of illness and Healing", Soc. Sci.& Med., 1973, Vol.7.

23. Sarat Chandra Mitra, "Some North Indian Charms for Cures of Ailments" in JBORS, June, 1976. pp.215-229.

matter breach of taboo varied in nature. As they were mysterious and invisible in nature they were feared and worshipped .²⁴ The disease could be anything from minor ailments to major disorders. For example, Headache, toothache, infectious urinal tract, fever, lameness, leprosy, paralysis, dysentery, epilepsy, madness, hysteria etc. to epidemic like cholera, Plague and Smallpox all fell into the category of divine displeasure. The area of this displeasure was limited to family or to the village environs - this is what was understood by the general populace of the period. This is why the local name of the medicine-men varied. This class guarded the professional secret and only allowed the faithful ones or the family members to this knowledge of healing art.⁶²⁵ Although by the early nineteenth century folk medicine was pushed back and the secular medicine of Ayurvedic, Unani and European had gained professionally. But both literate and illiterate found favour with the folk medicine. This was because the physicians or the traditional healers were able to communicate with patients within their conceptual frame work

24. Ibid, 215-229.

25. K.H.Bhat, "Medicine-men of Basavanatali:A study in Ethno-medicine", JIASI, 1976 PP.45-53.

AYURVEDIC MEDICINE

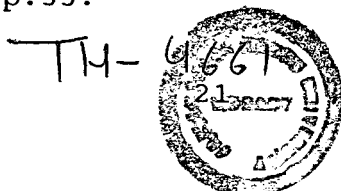
The origin of Ayurveda is considered to be divine. The creator lord Brahma himself had dictated this science of life, which came finally to Bhardavaja.²⁶ As Carak himself has said the Ayurveda did not come out of nothing, but there was always continuity of the 'Science of Life'. The Ayurveda which literally means 'Knowledge of Life' is significant as, it involves prolongation of healthy life and prevention of disease. Ayurveda is the principal repository of the Indian cultural image of the body and the concept of the person.²⁷ Sudhir Kakar looks at Ayurveda beyond the system of physical medicine based on humoral theory. As R.C.Majumdar puts it tacitly " it is also concerned with harmonizing secular conduct and spiritual pursuit through a realization of the true relationship between the complex of body , mind, soul and the eternal universe".²⁸ It is this aspect which gives the Ayurveda the tag of being "holistic" in nature. The basic or the classical texts of Ayurveda are Caraka Samhita and Susruta Samhita. The whole medical knowledge is divided

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26. R.C. Majumdar, "Medicine", in D.M.Bose, S.N.Sen, B.V.Subbarayappa(ed) A Concise History of Science in India, (New Delhi, 1971) ch.4, pp.212-273.
27. Sudhir Kakar, opcit., 1990 p.220.
28. R.C.Majumdar, "Medicine".op.cit., pp.212-273.

into eight branches and deals from internal medicine to surgery which was both reflective of the philosophy, known to have influenced the Ayurvedic medicine (Atreya school of Medicine and Dhanvantri School of Surgery).²⁹ Thus giving a comprehensive understanding of the drugs, disease, psychological disorders of the period. This also reflected the material milieu of the period. According to Ayurveda there are five basic elements which are fundamental for the constitution of the cosmos. They are Ether/Space, Air, Fire, Water and Earth. These five elements are known as Panchbhutas principles. They together give rise to three humours in human body - Vata, Pitta and Kapha also known as air, bile and phlegm. This governs the entire biological behaviour. The disorder in this balance of humour leads to disease illness of the body.³⁰

The imbalance of humour was also known as 'tridosha' theory.³¹ According to it the whole of physiology and

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29. Poonam Bala, The State and Indigenous Medicine some explorations on the interaction between ayurveda and the Indian State, Diss. M.Phil/CSM&CH/SSS/1982.
30. D.P.Chattopadhyaya, Science and Society in Ancient India. (Calcutta 1977) p.92.
31. N.H.Keswani, "Medical Heritage of India" in N.H.Keswani (ed), The Science of Medicine and Physiological Concepts in Ancient and Medieval India, (New Delhi, 1974) p.33.



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pathology was based on the correct balance or equilibrium of these humours. These humours together decided the total behaviour of the body vis-a-vis the cosmos.

In Ayurveda, an illness is not limited in space and time, and it never occurs by chance. It is due to an accumulative effect of disharmony and imbalance with an individual over a period of time; and this period may be beyond the limited span of one life.' [India International Quarterly, volume 18, Nos. 2&3, 1991]

However like Vayu/Air comprehends all phenomena of motion, responsible for entire body movements, mind activities, blood circulation, respiration, excretion, speech, sensation, touch, hearing, feeling like fear, anxiety, grief, enthusiasm, sexual excitement etc. The second humour Bile/Pitta' does not essentially mean bile alone but takes into account the functions of metabolism, thermogenesis, including digestion and the formation of blood, various secretions and excretions; finally, Kapha/Phlegm its functions are cooling, preservation and heat regulation also denotes the process of production of protective fluids like mucus etc.³² Thus it also explains the depth of knowledge (about anatomy) of the Ayurveda people or texts. About the materia medica of the Ayurveda age only Caraka Samhita shows 341 plant-substances, 177 drugs of animal origin and 64 metal and mineral substances.

32. Ibid p.33.

Where as, Susruta Samhita has 395 plant-substances, 57 drugs of animal origin and 64 metal and mineral substances.³³ The statistical information varies with scholars .³⁴ Finally, the Ayurveda medicine combines the humoural concepts of hot and cold foods. Physiological concepts of disease astrological calculations, religion, faith with incorporation of modern scientific knowledge as and when required. Thus showing the dynamism of its medical knowledge. Ayurveda is also known as Hindu Medicine.

UNANI MEDICINE

With the Muslim rule in Medieval India, came the Greco-Arab or the Unani Tibb system of medicine.³⁵ Unani system or the Unani Tibb as it is popularly known is mainly based on the work of Aristotle, Galen, Hippocrates, Avicenna. Thus its genesis lies in Greek traditions and was developed and enriched by Arab medical men. The Unani Tibb was also influenced by the Ayurvedic traditions. Thus what we actually

33. R.C.Majumdar, op.cit., pp.213-273.

34. Note B. Sanjeev Reddy, "An Approach to the Integration of Traditional Medicine and Modern Medicine: A Hypothetical model" in B.Chaudhuri (ed), Tribal India (New Delhi, 1986). p.20 Quotes Jolly (1901) and says "susruta alone mentioned 700 medical herbs."

35. R.L. Verma and N.H. Keswani, "The Physiological Concepts of Unani Medicine in N.H.Keswani (ed), op.cit., p.145.

have as Unani Tibb is the System which "grew out of a fusion of diverse thoughts and experiences" -- a product of heterogenous culture.³⁶ According to Unani Tibb, "diseases under it were due to the displeasure of divine forces and their cure was dependent upon the influence of its supernatural powers".³⁷ Under this system emphasis is laid on the human nature. According to Hippocrates "Nature Heals" the physician is only nature's assistant." The Unani Tibb tradition was developed over a long period of time by adjusting to the changing needs of the period. With the decline of ancient Greece, the Arab took up their knowledge and enriched with the various other traditions of the period.³⁸ It is at no stage that we want to suggest that the Persians did not have any originality. The work of Avicenna (980-1036 A.D.), Qanun/Canon was regarded as most authoritative medical work in Europe for five centuries (12th-17th century). He defined medical science as a branch of knowledge which deals with the health and disease of

36. Syed Khaleefa Thullah, "The Practice of Unani Medicine and its Research Aspects", in India International Quarterly, op.cit., 1990.

37. M.Z.Siddiqi, 'The Unani Tibb in India,' Islamic Culture, 1968, No.3, pp.16.

38. K.Chandpuri, "Unani Medicine in Mughal Age" SHM Vol.II, No. 3, pp.171-182.

organism in order to preserve health. (This was similar to the notion of Ayurveda).

Unani medicine was also guided by the humour theory, but it had four humours as compared to the three humours of Ayurveda. The imbalance of humour caused the rupture in the health of the human being. The elements , Al-bar, Al-hawa, Al-Ma, Al-Ard that is fire, air, water and earth were determinant in the constituent of the Aza or organs. Which was guided by humour like balgham/phlegm, khoon/blood, safra/yellow bile and Sauda/black bile. This corresponds to the four elements and their four qualities.³⁹ Thus Earth is cold and dry, water is cold and moist, fire is hot and dry; and air is hot and moist. Thus, Earth and Water are heavy elements and are responsible for the formation of organs (aza). The remaining two elements fire and air are light and necessary for formation as vital spirits (quva) and their movement.⁴⁰ When the humour mentioned above are present in right proportion the body is said to be in health. But if the proportions are imbalanced, they are restored in equilibrium by the opposite humour. For example, a disease that was result of hot and moist humour, the

39. R.L.Verma and N.H.Keswani, op.cit., pp.146-47.

40. P.D. Gaitonde, Portuguese, Pioneer in India: Spotlight on Medicine, (Bombay, 1983) ch.8, p.108.

imbalance was treated by, drugs that were cold and dry in nature.

The Unani Tibb which came to India with the Alai period (1296-1316) and achieved the status of compatibility with the Indian medicine of the period. With the state patronage the Hakeems gained in prominence, in power and prestige. They for their healing art were much sought after among the Portuguese ruling class who preferred Indian Physician to their own doctors.⁴¹ Physicians had achieved the mansab of 5000 zat and 5000 Sawar.⁴² The popularity of the Unani Tibb could be seen in its state patronage and the special interest shown by the Mughal rulers from the Emperor Babur to Aurangzeb. They were also given high position in court by the provincial governments. They established hospitals, invited doctors from central Asia and opened madrasas for encouragement of medical science.⁴³ The physicians adapted themselves to the Indian environment and took substantial amount of borrowing to compete with the Ayurveda. In fact

41. Ibid, "Indian Medicine and Portuguese Pioneers", ch. 9, p.109.
42. Note : Muqarrab Khan had achieved this rank under Jahangir. In Syed Ali Nadeem Rezavi, 'An Aristocratic Surgeon of Mughal India : Muqarrab Khan' in Irfan Habib (ed), Medieval India-1 , 1200-1750 (Delhi,1992), pp.154-55.
43. Prof. Hasan Askari, "Medicine and Hospitals in Muslim India", I.H.C.,1957, PP.170-183.

continued to exist by enriching each other's materia-medica. There was lots of new compilation of medical treatise and many of it were translated from Sanskrit to Persian and thus enriched the medical knowledge of the period.⁴⁴

As already observed, Tibb had much of commonality with Ayurveda. The humoural doctrines with some sophistication of supernatural curing at shrise 'dargha' or the 'mazars' of 'pir'/holymen by prayer, charmed amulets and medication of drugs were effectively used by hakeems or the holy men themselves. Thus the belief in traditional medicine continued to survive to this day at various levels of the society.

EUROPEAN MEDICINE

The first medicine men of European medicine in India, were those who accompanied the ships of traders who ventured to the east since 1500. The need of doctors of their kind that is to say who understood the body constitution of their, was necessitated because of the health crisis faced by self and army needs. Not only there was hostile weather

44. Poonam Bala, Imperialism and Medicine in Bengal, op.cit. Appendices and tabelle, A-13 and A-14.

but, there were constant wars during this period.⁴⁵ It was in 1519 through a Royal edict that the Royal hospital of Goa was opened for the Christian public. The services available were free of cost. And a well laid 24 hours of routine was maintained. Foods, medicine were available to the patients and for diagnosis a group of medicine men's advice were sought.⁴⁶ Thus from the need of self preservation against the hostile environment about which the company papers, references of the travellers of the period abound and also using it later as a 'tool' for cultural imperialism, European medicine made inroads in India from 1600 onwards. But, till 1858 there was nothing done for it as a policy though the efforts started from 1835 onwards only.⁴⁷ The interest of the British to go for the modern medicine could be gauged from the fact that out of the total British forces 1/3 of it were in India, and the epidemics were already threatening its existence, by dicimating its army with each attack and thus undermining its superiority.

45. J.Ovington, A Voyage to Surat in 1689 (ed), H.G. Rowlinson, (London, 1929) p.87.

46. George M. Moraes, "The Regimen of the Royal Hospital of Goa", in IHRC Vol.48, 1942, pp.1-9.

47. John Chandler Hume Jr, "Colonialism and Sanitary Medicine: Development of Preventive Health Policy in Punjab", 1860-1900. MAS.Vol. 20, No.4, 1986, pp.703-724.

The arena of European medicine was not only limited to

Europeans but was also available to the ruling class who sought their help at the time of crisis. Provincial governments of Peshwa (Maharashtra), Bijapur or Farukh Siyar all sought medical help. Infact late,r it was the ways and means to earn omission and commission of tarrif and taxes by the company officials.⁴⁸ Bernier and John Fryer were travellers who also practised medicine in Indian court and commented on general state of medicine. N. Manucci, who was actually a quack used his knowledge of medicine during his long stay in India in the Mughal and Golkonda courts.⁴⁹ As already discussed the Europeans preferred Indian trained medicine men as they were better known to the environs of India. Professionally also they were not ahead of the indigenous medicine atleast till the coming of the 'Germ theory'. According to this theory disease was carried by germs and the behaviour and patterns of disease was also determined by it. But this was not before the late

48. V.K. Bhawe, Peshwa Kalin Maharshtna, in Marathi, Chapter "Physicians - Treatments", pp.96-109; N.Manucci, Storia Da Mogor 1656 - 1712, (Tr.) W.Irwine, 4 Vols. (Calcutta, 1966-67); David Arnold (ed), Imperial Medicine and Indigenous Societies, (New Delhi, 1989), p.11.
49. M.N.Pearson, Towards Superiority : European and Indian Medicine 1500-1700, University of Minnesota, 1989. pp.1-44.

nineteenth century.⁵⁰ The European medicine which came to India through traders and travellers continued to co-exist with Indian tradition till 1800. There was not much of difference in diagnosis. According to European physician the body could be brought to health by purging and bleeding(i.e.blood letting). Only it varied from disease to disease. They resorted to bleeding for minor fever as well as for the cure of smallpox etc. Only later did they change to the new findings. The other aspect of their medicine was 'quarantine' i.e. separating and isolating the diseased populace from non-affected populace. They also had witchcraft, black magic, place of faith, religion, etc. While at times going for amulets, charms to cure themselves of the disease. They also used urine examination for disease diagnosis. Herbs, surgery, prayer and magic constituted the pharmacopoeia of the European treatment of process. In the seventeenth century European people still believed in witchcraft and astrology influencing health and disease.⁵¹

Actually in the period under discussion, the European medicinemen in India had to function in the presence of

50. Roger Jeffery, 'Recognising India's Doctor The Institutionalisation of Medical Dependency, MAS, Vol.13, No.2, 1979. pp.301-26.

51. D.Guthrie, A History of Medicine, (New York, 1945). p.176.

Indian physicians and for certain ailments like fever, cold, cough they took wine or the use of chincona tree bark for malarial fever, which was common. Vaccination was used in the late nineteenth century.⁵² Thus, before the coming of the germ theory most of the medical therapy were on the same plank. The whole myth of European superiority and related themes would be explored in the following chapters, where we would cite examples from pre-colonial India i.e. when Europeans first came in direct contact with Indian civilization. The claim of European domination in the field of medicine gets exposed when one of the Government health officer in 1876, in Punjab, expresses the helplessness in regard of the health perceptions of the indigenous people, which proved to be a barrier for implementing the health programme (of sanitation and hygiene). They were deeply guided by their custom and were hostile to any kind of interference in it. Their perceptions of disease and treatment was different. ⁵³

52. David Arnold, op.cit., (New Delhi, 1989), p.61 ; Donald R.Hopkins, Princes and Peasants, London, 1983, p.9. Smallpox Variolation was well established in India before Jenners Vaccination.

53. J.C. Hume Jr., op.cit., p.719.

THE OTHER TRADITIONS

The art of bone setters, barber surgeons, mid-wives, and other spiritual healers had continued to survive on the fringes of the learned medicine. They are as old as the history of mankind and medicine itself. They used herbs, animal fats as drugs, roots and other amulets/charms to cure their patients they also performed massage for relief of pain etc.⁵⁴ The Delhi Sultan Firozshah Tughlaq (1351-1388) was well versed in medicine and was also a bone setter of repute. He even visited the Royal Hospitals etc. The bone setter used their massaging ability to remove various body aches also. The Mughal court as well as the Maratha court employed them on regular basis but, they were lowly paid.⁵⁵ They used herbal, animal fat for the drug effect. The other traditional healer was the Barber-surgeon, who performed the role of poison curer and also performed blood letting and at times did surgery also. We have already

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54. John Fryer, A New Account of East India and Persia, 1672-82 (ed), William Crooke. London, Vol.I.; N Manuccci, Storia Da Mogor, (Calcutta, 1967), Vol.III, p.281; Sarat Chandra Mitra, 'Some North Indian Charms for the cures of ailments' in JBORS, June, 1916, pp.225-29; James Forbes, Oriental Memoirs, Delhi, 1988, Vol.II p.285; John Huyghen Van Linschoten, The Voyage of John Huyghen Van Linschoten(ed), L.Burnell and P.A.Tiele, New Delhi, 1988, Vol.II, pp.66-64.
 55. B.G.Gokhale, Poona in the 18th Century : An Urban History, (Delhi, 1988), pp.84-85.

referred to them.

Finally, the midwives who performed their art of helping in labour pain and child birth to even being wet-nurse for a few days for the new born.⁵⁶ Some midwife also help to cure barrenness with the help of dried umbilicalcord as charm a medicine.⁵⁷ The service of this professional class was used by elite as well as the general population. But there are instances that the poor people did manage without them.⁵⁸ Another interesting factor was they were also thought to be users of evil eye and practicing witchcraft etc. They belonged to low castes. Thus by 1500-1800 AD the materia medica was controlled by priests, exorcists, magicians, secular physicians (Vaid and Hakeem) technicians such as bone setters, charm sellers, cuppers, barber-surgeons thorn-pullers and the European doctors. With these classes of specialists there were quacks who exploited the situation.

56. Kalpana, Jain - "Adding Science to Midwife Tradition", TOI, 29th April 1993.

57. P.O.Bodding, 'Santhal Medicine', in D.P.Chattopadhyaya (eds), Studies in the History of Science in India, Vol.I, Delhi, 192, pp-290-302.

58. John Fryer, A New Account... op.cit., Vol.I.; Jafar Sharif, Islam in India (ed), William Crooke, London, 1975 pp 25-26; W.E.Begley, 'Akbar and His Age', Seminar, 15-17 Oct. 1992. New Delhi, p.3.

CHAPTER : TWO

SOCIAL PERCEPTIONS OF DISEASES AND CURE : A SURVEY

The pre-colonial society of India (1500-1800) had at its disposal plethora of medical system namely Folk, Ayurvedic Unani and European medicine. Although all these systems developed and were nurtured, in geographically and materially different regions, by this period they had become a part of the medical tradition of India, reflecting, values, beliefs, knowledge, techniques, institutions and relationships etc. of the society.¹

This chapter has two broad sections with complementary subdivisions which discusses the perception of disease illness and treatment at both levels of a society i.e., the lay perceptions and the professional perceptions. The lay perceptions would further be discussed in two sub-sections. The first, discussing about the beliefs at popular level i.e. of the general people (the travels as well as those who were part of the main-stream of the population) , secondly, the beliefs, practices followed by the ruling classes professionals i.e. Ojha's, Exorcists, Magicians, Secular (Indian and European).The second level would be of

1. Sachidanand, 'Socio-Cultural Dimensions of Tribal Health', in J.S.E.S., Vol. 3, No. 4. Oct.- Dec.1986, p.391.

Physicians (Vaid , Hakeem, Doctors), Priest Bone-setters, charm-sellers, cuppers-surgeons, midwives etc. The other section of this chapter takes up the role played by the state at the level of control and development of disease and medicine respectively. Thus, bringing of the distinctive notions of disease/illness, health, medical techniques particularly regarding diagnosis and prognosis and the relationship between diseased and the professionals. The relationship also bring out the changing attitudes from folk medicine to scientific medicine.² This whole analysis gives an insight to the total world-view of the people of the period. The examination of idiom and beliefs about disease causation also enables us to know the behavior of individuals, society as a community (as the individual oscillates between one professional to another with equal ease, as getting relief is his prime concern and the society gets together to fight the common scourge by prayers, rituals etc.).

The society did not lack in pharmacopoeia besides, using supernatural remedies, we find cauterisation, surgery, fracture treatment and massage for muscle dislocation and stomach pain , variolation against smallpox, charms for snake bite, quinine, opium and other rational

2. R.S. Khare, 'Folk Medicine in a North Indian Village', in H.O., Vol.22. No.1, 1963. p.38.

drugs with prayer, rituals-sacrifice and psychological therapy.³ Pre-colonial Indian society, which by occupation was agrarian in nature, the desire for sons was intense, failure of crop sent shivers and any kind of illness was attributed to divinity. Thus, the different cultural levels within a civilized society reacted in their own respective ways. Each had its role, assigned to it from ailing to the doctors and the family members of the sick.

One influential view of popular vs. professional treatment of disease is given by McNeill who asks : Why did the older pattern of life and belief disappeared so utterly? Why did they not remain loyal to their deities and rituals?⁴ His own answer to the questions rests on the superiority of the Western Medicine he says " the old Indian Gods could not survive such a demonstration of superior power of death and devastation ... " ⁵. It seems McNeill, overlooks the fact that European medicine before the late nineteenth century 'Germtheory' was no different. If at all they could claim superiority, it was in the field of public health and the organization / institutlization of Western medicine , emphasis added. His other fault lies with the notion of

3. Sachidanand ,Op.cit., p.398.

4. W.H.McNill, Plaques and Peoples 'NewYork,1976, pp.1-14.

5. Ibid.

static beliefs of medicine (emphasis added). His other fault lies with the notion of static beliefs of medicine/ cure in early period. But what we deserve is that with home remedies people also went for secular as well as psychological healings rejecting one for another efficacious one. As a matter of fact, with the coming of European medicine, the traditional beliefs were not eradicated, rather they continued to command respect at the popular level. We shall revert to this problem below.

The role of the state would best be observable when we discuss epidemics which decimated families and chunks of population, bringing grief and pain to them. Epidemics like cholera, smallpox and such devastating scourges that they had wiped away many civilization.⁶ Infact, the period between the fifteenth century and the eighteenth in general and particularly of India has been symptomised by diseases, epidemics, and high mortality. It was these death which spared none, rich or poor all were alike. Till 1850s there was no sure cure or 'medical cure' for these diseases, and were treated with 'limited' medical knowledge, popular remedies, prayers rituals like sacrifices etc. This was the

6. Mohan Rao, 'Of Cholera and Post-Modern World,' E.P.W., Vol. XXXVII No.34, Aug.22, 1992 p.1792; Also in William McNeill, Plagues ... , op.cit.,

common picture throughout the world.⁷ As it was only by 1884 that the cholera bacillus was isolated ; 1796, was the time Jenner talked of vaccination though civilizations like India, China used inoculation indigenously developed for quite long. And for plague which was the most researched of all the epidemics did create similar kind of desperateness, helplessness in nineteenth century as it had in the fourteenth (black Death 1348-9). As Ira Klein demonstrates late in the nineteenth and early in the twentieth century India " witnessed a woeful cresecendo of death," and in 1880s 40 per 1000 was the mortality rate'.⁸ Thus forcing the state to take measures to stop the spreading by 'quarantine', though in Indian case it was migration. The British government did use 'quarantine' and improvement of public health according to the scientific temper of the period. These epidemics could be cured by only restricting the spread and hygiene mechanism. According to their perceptions these epidemics were spread by ' miasma ' that is the virus / germs carried by air and hence their settlements were walled and also the segregation of indigenous population from the European. The 'quarantine from

7. Frank Mort, Dangerous Sexualities, London, 1987, ch. 1 p.14.

8. Ira Klein , 'Death in India 1871-1921', in J.A.S. Vol. XXXII, No.4. Aug 1973. pp. 639-59.

this philosophy . The other disease which again had the state intervention was leprosy. Though popularly considered a punishment for violating the moral code of conduct in the present or past life it was most dreaded as it made the diseased an outcast. He lived on alms or by begging. To cure himself he had to enter fire-live or drown himself in the Ganges, thus freeing himself of the 'sin'.⁹ The survey of these 'scourges' would enable us to understand the dynamics of the imposition of European medicine, an important aspect of socio-cultural history of pre-colonial and colonial India when it also assumed a political dimensions. But that does not concerns us here. We are basically only arguing the real scenario of medical beliefs and attitude of the period thus reflecting their world view. And at no stage we are arguing for a particular system of medicine in terms of it being superior to the other system of medicine. Disease/illness as has been understood is the " state of complete physical, mental and social well-being and not merely the absence of disease or infirmity ".¹⁰ Thus, it is a continuum of human beings, relationship vis-a-vis the socio-cultural and environmental factors of the particular

9. W.H.Sleeman, Rambles and Recollections of An Indian Official (ed) V.A. Smith, Karachi, 1980 P.219.

10. The World Health Organization has defined this concept of health.

society. We here divide the disease / illness broadly in three categories reflecting the causative phenomena of the disease. Firstly, disease caused by supernatural powers like deities, spirits, ghosts, ancestral-spirits, dis-obedience of of moralistic code of conduct/ breach of taboos etc. Which reflect the immediate material, social and spritual world of the people. The second category was the disease caused by evil eye, sorceress and witches. The third category was the diseases which were caused by natural means. These diseases were the ones which could be cured by the secular doctors, thus reflecting the imbalance of the body humors.

According to the popular beliefs, well into the early nineteenth century the people in common, understand that their village was haunted by evil eyes, spirits, deity.¹¹

Their powers were dreaded and people propitiated these supernatural powers to safeguard their children, cattle, agricultural fields from the evil influences of these supernatural powers. Any thing from simple accidents to snake bite, possession of devils like, epilepsy were blamed on it. Even the bareness of women was supposed to be caused by it. According to one estimate 3/4th of diseases in India of individuals were blamed on these malvalent deities.¹²

11. W.H.Sleeman, Rambles and Recollections of An Indian Official , Karachi, 1980 .p - 220.

12. W.H.Sleeman, op.cit., p.168.

Here in the following discussion we would club all diseases / illness into one and discuss the perceptive levels of the lay and the professionals. The whole discussion would centre around the two levels first the lay perceptions, that is the 'diseased' of various strata, reflecting his (lay) notions of being ill. Then, on the other hand we take up the treatment process which describes the 'wise-man's' view of the ailment i.e. the professionals view point. As already discussed here in India the general perception about disease from major to minor all were ascribed to the supernatural, even accidents were to spirits etc. Infact, living in the hostile environment and the unexplained occurrence of large number of deaths drove them to oracle, magic or for that matter, witchcraft. As one scholar puts it, "the manifestations of disease are like symbols, signs and the diagnostician sees them and interprets them, with an eye trained by the social determinants of perceptions".¹³ Thus, reflecting the direct relationship between the concept of health and disease in a society. Besides the socio-cultural systems, the environmental factors were also responsible for the total concept of health and disease.

Belief in the supernatural beings was an essential part

13. Michael T. Taussing, 'Reification And the Consciousness of the Patient,' in Soc.Sci.Méd., Vol.148. Feb,1980, pp.3 - 13.

of the society of the period. According to them human life was governed by the natural agencies like sun, rain, wind etc. and numerous supernatural or unseen forces / powers living in the nature, which, controlled natural calamities, diseases, epidemics, drought, famine etc. It was the displeasure of deities which led to the diseases of human beings and his cattle . With deities of the ancestral spirits here was the village deity/forest deity who controlled the village environs and the wild animals, for which 'He' was duly worshiped /propitiated. With all these deities, black magic, witchcraft, social taboos disobedience, evil eye, there was the hostile environment, which affected the 'total health' of the populace (we have already included them into the popular notions of deities). The illness caused due to the malevolence of these deities were cured / treated with magico-religious beliefs and with knowledge of secular medicine, both acting together.

As discussed earlier, it is difficult to separate and demarcate the boundaries of diseases / illness, caused and cured by the secular medicine from that of magico-religious. Medicine religious. The medical environment the period did not clearly distinguished diseases on these lines. People from all walks of life and of various strata (rulers/ruled) frequented between the magico-religious beliefs and those of

secular medicine.¹⁴ In fact, we would see the European too, at times took to the Indian notions. Example, cholera cure, snake bite etc.

PERCEPTION'S OF DISEASE AND CURE

I - WITCHCRAFT, EVIL EYE, EVIL SPIRITS AND OTHER MALIGNANT DEITIES.

In this section we first take up those illness/disease and factors, which disrupted the natural activity of human beings. That is, from snake bite, wild animals attack, to sorcery, evil eye and breach of taboos, which led to diseases like, Epilepsy, enlargement of spleen, death of child, dumbness, hysteria etc. There second section would include diseases like leprosy, barrenness of women, syphilis, problems related to urinary tract, stone in bladder etc. And finally the third section, which would include the discussion of the epidemics of the period. Though they were caused by various deities, the impact of it, on account of high mortality, has been discusses in a separate section. These epidemics - smallpox, plague, cholera, malaria and influenza, together had created a havoc due to its cyclic reoccurrence and devastation. It not only

14. A.L.Basham, 'The Practice of Medicine in Ancient and Medieval India,' in Charles Leslie (ed) Asian Medical Systems ; A Comparative Study .Berkeley,1976, pp.18-43.

swept aside civilizations, it also left crippled and weak populace psychologically. The medical knowledge of the period was limited and hence the populace found the explanation in the value system of the period. That is, it was understood as scourge of divinity, caused due to its displeasure for non observance of socially sanctioned rules.

For the cure of all these calamities caused due to supernatural forces (apparent or hidden) and these caused as natural process resort was taken to magico-religious and secular medicine by indigenous medicine men. But later when the Europeans suffered heavy loss of life on account of epidemics, it had a staggering 69 % per mile death rate, brought the indigenous populace in direct contact of Western medicine.¹⁵ Now, lets discuss the various diseases as experienced by the diseased and those who treated them.

The period abounded in the village deities and spirits being the cause of diseases and any other kind of misfortune.¹⁶ There were also by black magic, witchcraft, evil eye, demons which generally patterned the life style of the people. The effects of these supernatural powers extended its influence on cattle, agricultural fields and

15. Radhika Ramasubban, 'Imperial Health in British India, 1857-1900' in Roy Macleod and Milton Lewis (eds), Disease, Medicine and Empire, London, 1988.

16. James Forbes, Oriental Memoirs, 4, Vols., Delhi, 1988, Vol. I, p. 321.

their physical (self included family members).¹⁷ The deities, demons, and the witches had enormous power of inflicting diseases like, Epilepsy, snake bite, even attack by the 'man-eating' tiger was ascribed to it.¹⁸ According to an estimate done during the early 19th century, around 5000 people were killed or died because of the snake bite, or attack by the wild animals.¹⁹ The populace ascribed the reasons of all these attacks on the demonic influence as it was all pervasive.

The concept of demonic, evil spirits, witchcraft were common to all the villages of India at that time. A person or his family could get attacked by these invisible supernatural forces by various ways, as the villages abounded by them. People started to ascribe all the misfortune, ill health, minor and major accidents to the influence of these evil forces. This was one of the oldest beliefs, which stemmed from the basic feelings of envy, jealousy etc. They could enter into the person through nose, through the remains of a body like nails, hairs etc.

17. William Crooke, The Tribes and Castes of The North Western India, 4, Vols., Delhi, 1974, vol. II, pp.15, 220

18. William Crooke, Things Indian, Delhi, 1972, pp. 516-17.

19. Philip Fredric Meclowney, Colonial Administrations and Social Developments in Middle India; The Central Provinces, 1861-1921, (Unpublished Ph.D. Dissertation) University of Virginia, Aug. 1980, pp. 201-247.

They were inflicted by looks or incantations of mantras. In 1798 Hyderabad, the barber of the Nizam was arrested for using the nails, hair of Nizam) for black magic. The crime came to light, when the Nizam suffered from a paralytic attack.²⁰ This was not the only instance when any kind of body affliction was ascribed to work of witchcraft, there were many more. The snake bite, to cattle which is done by 'Dhaman' is also attributed to the work of evil sprits. ²¹ Barrenness was also the act of the evil spirits. And according to J.Campbell it could also be caused because one had killed a snake in the previous life.²² It was not all women who were desirous of a male offspring, could bear child with the help of these supernatural powers.²³ In Punjab the barrenness was caured through some magical incantations and by bathing the expectant woman under the dead body, or bake bread over a funeral pyrof an unmarried

20. James Forbes, Oriental Memoirs ,4, Vols.Delhi, 1988,vol.III,pp.390-93.

21. William Crooke, The Popular Religion and Folklore of North India,2 Vols,Delhi,1969, ch.5 p.140. 22. Ibid.

23. Sandria B.Freitag, Culture and Power in Banaras, 1800-1950, Delhi, 1989, pp.136-142.

youth.²⁴ In fact there was another folk perception which could cure barrenness of women. According to Tavernier " at Ahmadabad a Banian, women was suggested by her house hold servant to eat fish to cure her barrenness, as she was suffering for the last fifteen years of her marriage. This disease was cured, and had been proved by doctors of Ahmadabad and Agra court.²⁵

The popular belief of the witches was, they sucked blood from their victims and the victim are generally the new borns. The problem of spleen was also attributed to it. The witches are suppose to eat the liver of the new born and thus, getting the name of " Jigar-Khor.²⁶ The belief gets strengthened when the child did not show any external marks

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24. William Crooke, Things Indian, op.cit., p.310; Mrs. Meer Hasan Ali, Observations on the Mussalmans of India, Delhi, 1973, p.272; William Crooke, Popular Religion... op.cit., vol.I.p.204; W.H.Sleeman, Rambles and Recollections, op.cit., 2 Vols., West Minister, 1915 Vol.I, pp.125-126; N.Manucci, Storia Da Mogor, 4, Vols. Calcutta, 1967, Vol.III, p.189; Jafar Sharif, Islam in India (ed), William Crooke, London, 1975, pp.6-15; Alexander K. Forbes, Rasmala, London, 1878, pp.467, 646.
25. Jean Baptist Tavernier, Travels in India (tr), V. Ball and William Crooke, 2 Vols., Delhi, 1977, pp.61-62,; William Crooke, Popular Religion ..., op.cit., vol.2, pp.232-33.
26. W.H.Sleeman, Rambles and Recollections..., op.cit., Karachi, 1988, pp.69-70, 168; Jafar Sharif, Islam in India..., op.cit., p.262; William Crooke, The Tribes and ..., op.cit., vol.III, p.313 ; William Crooke, Things Indian, op.cit., pp 516-17.

of disease and died. The other ailments could also be ascribed to the works of witchcraft. That is, when a woman married to a man after the death of the first wife, she is supposed to perform some prayer in the memory of that departed soul. Failing which, could bring repeatedly ill health to her or to any of her family members.²⁷ Bhuts, Ghost Witchcraft was the most feared by the women and children , According to, the popular belief :

'a woman who is second wife attributes her illness, misfortune to the former wife of her husband. Popular in Punjab when to safeguard the wife man is married to a bird and then set free, thus, transferring the malignant influence. [William Crooke, Popular Religion..., op.cit., p.236]

A person might get attacked by these evil spells of witchcraft and evil forces if he tried to use his force on the weak or for that matter tried to steal something.

For examples -

(a) Once a soldier took milk from an old woman without paying for it. But soon, the soldier felt the internal pain. Soon after hearing the story the witch was called and asked to cure the person. She flatly denied of doing so and said might be that her household gods might have done so, she was unaware of it. But people refused to accept her argument and ordered her to cure him. She collected materials for the required 'puja' (worship). While she was in middle of her 'puja' the person was cured. According to the witch doctor if this puja by the witch was not performed the soldier might have died by evening." These

27. Mrs. Meer Hasan Ali, Observations on Mussalmans , Delhi, 1973, pp. 388-99.

story were common to all village. Also at Jabalpur quoted by the author. [W.H. Sleeman, Rambels and collection..., op.cit., Delhi, 1988. pp. 68-69] .

(b) Cane juice was turned into blood within the moments when the person accidentally bumped into an old woman at a fair of the village. The effect of the spell would have remained with in - 10 to 12 miles and so had to hurry from the fair. [Ratanpur C.P.]. [W.H. Sleeman, op.cit., p.71].

c) One of the author's servant was caught stealing reddish and caught in the spell he was relieved by witch craft. common among the populace . [N. Manucci, Storia da Mogor, op. cit. Vol.2, p.101].

The art of bewitching was also used to make the person you love your own . Through casting spells over him. One could get married to the person whom she wanted .²⁸

If a child reflected to take milk from the breast of the mother, this was supposed to be an act of demonic power, as it was an unnatural happening.²⁹ The child could come under such demonic influences just by the touch, eye sight, incantations, or through any medium of the victim. They could also get inflicted by same black magic, or in dream or when one had disobeyed the norms of social conduct, like not giving proper respect to the soul of the ancestor, village God.

28. N. Manucci, Storia Da Mogor, op.cit., Vol.2, pp.248-265, Vol.III, pp.189-90; James Forbes, Oriental Memoirs, op.cit., Vol.2, p.372.

29. Jean-Baptist Tavernier, Travels in India, op.cit. pp.167-74.

The witches, malevolent gods, deities were supposed to live on the Pipal and Nim trees, or even at fairs or on the boundaries of the village.³⁰ In fact, they also protected the village from such influences from other village or other wise.³¹ They were known by various names Dakin, Dain, 'Jigar-khor', Churel, Bhut, or could become deities like Mansa Devi, or even 'Sitala Devi' which caused smallpox, or cholera. These kind of beliefs were more prevalent among the tribal people.³² As discussed earlier they were dreaded for their demonic powers and also worshipped and propitiated for the same. There were, rituals, ceremonies, like the 'scape goat', sacrifices, vows taken at the shrines of holy men, to ward off these malignant spirits.³³ Alms to beggars were given, and prayers offered. Pilgrimages taken to offer solace to the departed soul and safeguard oneself from the

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30. William Crooke, Things India, op.cit., p.497;Reginald Heeber, Narratives of A Journey Through The Upper Provinces of India. 3.Vols. Delhi,1985 Vol.1 p.164.
 31. Montgomery Martin, The History, Antiquities, Topography and Statistics of Eastern India, BookII, pp.131.
 32. B.H.Mehta,Gond of the Central India Highlands,New Delhi,1989,Vol.I,pp.313-19.
 33. Mrs. Meer Hasan Ali, Observations on the Mussalmans of India,op.cit.,p.272.

evil influences of it ³⁴

The art was practiced by women who were old, weak widows, the midwives, who had maximum accessibility among the community. Witches were supposed to offer their own family member for learning this art. The teachers were from Kamroop in Assam. Witches from central India and particularly of [Cuttack, Chattisgarh, Ratanpur (C.P.)] were the most dangerous.³⁵

The professionals or the ones who caused the people of all these affiliations were men of extra-ordinary power. They had control over natural occurrence like, famine, disease. They could forecast the happenings, search the lost property any where ³⁶ They were priest and magician combined in one.

34. Jafar Sharif, Islam in India, op.cit., pp.212, 213, 238; James Forbes, Oriental Memoirs, op.cit., Vol.2, pp.521-24; Jean Baptist Tavernier, Travels in India, op.cit., p.158.
35. Philip Fredric Mecldowney, Colonial Administration..., op. cit., pp.309-13; W.H.Sleeman, Rambles and Recollections ..., op. cit., 1988, pp.71, 100-8; Jean Baptist Tavernier, Ibid.
36. William Crooke, Things Indian, op.cit. pp.30-46; Mrs.Meer Hasan Ali, Observations..., op.cit., pp.388-99; W.H.Sleeman, Rambles and ..., op.cit., 1988, pp.70-71; J.Ovington, A Voyage to Surat in 1689 (ed) H.G.Rawlinson, London, 1929, pp.204-206.

Thus also known as "wise man" of the society.³⁷ They had their local names like Ojha, Mati, Sokha, Bhagat Parinar, Baiga, Tantrik etc. depending upon the area they belonged. They were the men who through their superior knowledge, acquired through his guru, counteract the bane-ful influences and diseases, from the victims body. They used amulets incantations, lampblack, charms, verses from Quran , which drove the demonic forces out of the body of the victim or the vicinity of the village³⁸ There were various articles which were believed to have the power to scare away the spirits, demonical influence, like amulets of iron rings, gold and silver rings, (believed to be obnoxious to evil spirits), copper and brass rings, marine products as protectives (cowry) salt, pepper, Urad, Grain, leather bracet, red and black colors, garlic etc., all in one way or other constituted as parts of amulets, which scared or pacified the malevolent spirits out of the victim.³⁹ There

37. Sarat Chandra Mitra, 'Some North Indian Charms for Cures of Ailments', in J.B.O.R.S., June, 1916, pp.215-29.

38. Sandria B. Freita, Culture and..., op.cit., pp.138-39; Sarat Chandra Mitra, 'Some North...', op.cit., p.218; Jafar Sharif, Islam in India, op.cit., p.259.

39. Wiliam Crooke, Popular Religion..., op.cit., Vol.2, pp.1-60, Sarat Chandra Mitra, 'Some North...', op.cit., pp.218, 225; William Crooke, Things Indian, op.cit., pp.7-15, 516-17; U.B.Mathur, Magical Beliefs and Superstitions, Delhi, 1979, pp.9-12.

were some animal products like the teeth of tiger, horn of Unicorn, Bat's bone etc. were also considered as effective measures to overcome ailments of these kinds.⁴⁰

The Ojha or Baiga (wise men) first, identified the particular evil spirits which had afflicted the patient, then he used the powers of the occult with counsel of supernatural beings in whom they believed. Thus, with mixture of occult and magico-religious mechanism they tried to cure the patients. And as disease, accidents, death, famine or any kind of misfortune did not come naturally, they believed in the beliefs of these plethora of demonic powers.⁴¹ They possess the powers of putting life into dead body, create hole in sky, find anything on earth. They were both evil and friendly. 'Dak-Dakni' spirits in the jungles of Mirzapur were considered helpful to the agriculturist as they protected the cattle.⁴²

There are numerous folk tales, associated with witchcraft. There are many temples, Mazar, Shrines of holy people which were empowered to cure the ailments like

40. Jafar Sharif, Islam in India, op.cit., pp.232-45, 255, 313.

41. William Crooke, Popular Religion..., op.cit., Vol.2, p.64.

42. Ibid, p.256.

hysteria / madness and other disease of later variety.⁴³ These traditions of 'pir', Durwish worship was strong in Western provinces like Punjab.⁴⁴ The 'wise-man' who were also known as wizards, had to communicate with the individuals and the family and at time of social calamity like smallpox, cholera or famine had to communicate with the whole of the society, performing rituals of 'scape-goat', and sacrifices.⁴⁵ His power extended beyond the natural phenomena as well as drought, bad harvest etc. through incantations.⁴⁶

But by the end of the 18th century we see a decline in the powers of the witches. As due to the frequency of

 43 N.Manucci, Storia Da..., op.cit., Vol.2, pp.9,194,215,379-80; William Crooke, Popular Religion..., op.cit., Vol.1 pp.19-20,27, and Vol.2, pp.123-74; W.H. Moreland and P.Geyl(tr), Jahangir's India, Delhi, 1925, p.70.

44. William Crooke, Popular Religion..., op.cit., Vol.II, 256; W.H.Sleeman, Rambles and Recollections..., op.cit, West Minister, 1915, Vol.1 pp.208,269; Harjot Singh Oberoi, 'The Worships of Pir Sakhi Sarvar: Illness, Healing and Popular Culture in the Punjab', in Studies in History, Vol.3, No.1, 1987, pp.29-55.

45. Philip Fredric Mceldowney, Colonial Administration..., op.cit., pp. 201-47; William Crooke, Popular Religion..., op. cit., Vol.1 pp.19-23,95 and Vol.2, 236-80; B.H.Mehta, Gond of the Central..., op.cit., p.318; Alexander K.Forbes, Rasmala, London, 1878, pp.606-8.

46. William Crooke, Popular Religion..., op.cit., Vol.2, p.256; Philip Fredric Mceldowney, Colonial Administrations..., op. cit., pp.201-47.

epidemics and the enormous loss of life of human, cattle and crops due to famine and epidemics like plague, cholera, influenza in early 19th century witches were hunted down.⁴⁷ The ordeals were performed by the Tantrik - the most powerful magico-religious man. Its powers could do any thing like set fire on water, bring life to the dead, change witches into animals etc.⁴⁸ The most effective means to avert the evil eye was house lamp black on the fore-head or in the eyes. By doing so, one could put an end to the covetousness of the evil eye. Even the birth of child was wrongly reported. There were nudity rites to control the cholera spirit or the rain gods, or set captive birds free like fowl or owl one could overcome diarrhea and vomiting.⁴⁹ Most afflictions were either by, touch, incantations or just going into the jungles or braking the social taboos. The most active time of these maliglant spirits were night time when the maximum rituals were performed. Women and

47. Philip Fredric Mceldowney, Colonial Administration..., op.cit., pp.210-13; G.M.Castairs, Death of a Witch, London 1983.

48. William Crooke, Things Indian, op.cit., pp.311-13; B.G.Gokhle, Poona in Eighteenth Century, Delhi 1988, p.186; William Crooke, Popular Religion..., op.cit., vol.2, pp.256-86.

49. William Crooke, Popular Religion..., op.cit., pp.278-79.

the new born were the commonest victims of it. The 'Syana or'the wizard while performing the cure got into the influence of the 'Devi' (known by various name e.g. Dulha Deo, Kalika et.al.)and the problems of the victim were detected, and the offerings were made accordingly.⁵⁰ People who die prematurely,that too suddenly through strong hysteric fits, accidents, bloodspitting in village parlance 'akalmrityus' was ascribed to this invisible to this invisible force. It was also controlled by auricle and magic.⁵¹ Then according to general belief a person who was diseased meant that, he was possessed / by the spirits or the spirits had intruded his body. This led the curing process of exorcism through rituals,incantation,prayers,use of charms,'Scape-goat' etc. The restoration of body free from any kind of evil influence of the malevolent spirits meant a healthy body. In every village the witches,evil spirits, demonical powers abounded. According to various statistical accounts, they constituted a substantial number of magico-religious and spritual healers of the period.These powers were possessed by both women and men, but,women were

50. William Crooke, The Tribes and the Castes of the North Western India, Delhi, 1974, Vol.2, pp.220, 326-29, 426-28. Vol.3, p.214.

51. J.Ovington, A Voyage to ..., op.cit., pp.204-6. William Crooke, Things India, op.cit. pp.30-46., Sandria. B. Freita, Culture and Power..., op.cit., p.136.

in large numbers.⁵² The poor and low caste were the maximum in numbers who took to these practices,(?) Infact, the tribal India too abounded in the faith of these black magic.

The above survey illustrates the acuteness of distress faced by both the populace and the ruled.This section had basically taken up those diseases which were primarily cured by prayers, incantations, propitiations and other magico-religious measures. Add to these the use of herbal medicine along with the magico religious medicine. N. Manucci treated the madness / hysteria with secular medicine.⁵³

II SNAKE BITES & POISON :

The instances of snake bites and poison was one of the most common things in this period. The death rate by snake bite scorpion bite, or any animal bite was high. The jungles abounded in pre-colonial period. Every village had its poison curer, mostly they were soothe sayers or the magico religious medicine men (see Appendix). This was not all there were various medicinal stones which cured poison, like, snake store or Bezoar stone. They not only cured poisons but also cured diseases like urinary tract infections. They worked as bloating paper that is, it sucks

52. Montgomery Martin, The History, Antiquities...,
op.cit., 5 Vol.,Delhi,1976.

53. N.Mancuui, Storia Da Mogor,op.cit.,Vol.2,pp.194,379-80.

the venom and regains the power when washed in milk. It was considered one of the most powerful medicines against any malignant fever. It also cured bloody flux, poison etc.⁵⁴ Rhinos horn as also used as antidote to poison. There were other diseases like simple fever or even from evil eye for which these wonder stones were used. Bezoar stones, also known as 'Zahr-i-kust,' was most popular. There was another item, the sea coconut which was used as antidote for snake bite and scorpion bite.⁵⁵ It (the stones) were used in royal palace to detect the poisoning attempt. Babur himself mentions of attempts made on him to poison through food. He also suggests lemon juice as an antidote for poison.⁵⁶ According to Abul Fazl epilepsy was caused by the

54. John Fryer, A New Account of East India and Persia, 1672-81, (tr), William Crooke, 3 Vols., Vol.1 pp.138, 197, Vol.3, pp.10-12; J.Ovington, A Voyage..., op.cit., pp.155-59; Jean Baptist Tavernier, Travels in India, op.cit., p.120; C.Burnell and P.A.Tiele(eds), The Voyage of John Huyghen Van Linschoten to the East Indies, 1598, 2 Vols., New Delhi, 1988, Vol.1, pp.96, 120, Vol.2, pp.9-10, 144-45; N.Manucci, Storia Da..., op.cit., Vol.2, pp.382-86; Garcia Da Orta Colloquies on the Simples and Drugs of India (ed), Conde De Ficalho, Delhi, 1979, pp.158-59, 343, 362, 470-71.
55. S.H.A.Khan, John Marshall in India, 1668-72, O.U.P., 1927, p.330; James Forbes, Oriental..., op.cit., Vol.II, p.285; Percival Spear, The Nabobos, London, 1963, pp.100-104.
56. A.S.Beveridge (ed), Baburnama, 2 Vols., Delhi, 1970, pp.511, 541.

administration of poison .⁵⁷

III. OTHER GENERAL DISEASES

This section deals with some of the common diseases of this country. They were either the product of the environment of the land or were alleged to have been transmitted to them through Europeans. The diseases were Fluxes, Gonorrhoea, Urinary bladder infection, headache, syphilis etc. We would discuss them here briefly.

The most discussed of all diseases of the period was Syphilis. It was believed generally to have been transmitted with the coming of Europeans. It had acquired various names like 'french disease', the Portuguese disease or the 'British pox'. It was also a form of God's punishment of being a physical abnormality. At Patna, it was known as 'french pox' Abul Fazl calls it 'colic' and says it is a disease which one gets while eating with an impious person or a liar. He further suggests cure of it by fasting for three days and distributing alms of gold and silver up to twelve tolas .⁵⁸ syphilis was cured by various methods. Mr. Charnock at Patna cured through beetle leaf, while it was

57. Abul Fazl, Ain-i-Akbari, (tr), H.S. Jarrett and Jadunath Sarkar, Vol. III, p. 229.

58. Ibid.

also cured by the use of China root.⁵⁹. As it afflicted a particular class, hence named 'RajRog'. Gonorrhoea too seemed to form a similar rank of disease and these disease were more found among the army, as it usually moved on horse back etc.⁶⁰.

The diseases like fever, paralysis, urinary bladder infection, stone in bladder, or elephantitis were other disease, which tormented the Indian populace. Most of it were due to the hostile environment, and impure water (after thought). They were treated with the fruit juice, ritualistic cure and also with help of the wonder stones, as already discussed. 'Paralysis' for example was supposed to be due to chronic consumption of Kesari (pulse)⁶¹. There were popular measures through which the joint pains, minor to major sores, paralysis, fever, were cured after a bath in hot springs, as they were efficacies.⁶² Fevers, were treated with abstinence from food, the other disease was of worms in legs known as Guineas worm, which was due to impure water

59. S.H.A.Khan, John Marshall..., op.cit., p.334; C.Burnell and P.A.Tiele (eds), The Voyage..., op.cit., Vol.1, pp.237-38.

60. John Fryer, A New Account of..., op.cit., Vol.2, p.272.

61. W.H.Sleeman, Rambles and..., op.cit., 1988, pp.100-101.

62. James Forbes, Oriental Memoirs..., op.cit., pp.246-47; John Fryer, A New Account..., op.cit., Vol,1, p.149, Vol,2, pp.327-28.

(after through). People cured it by migrating from the affected area .James Tod, while discussing/narrating about Western Rajasthan discusses this disease. ⁶³ The other ailments were related to kidney, like stone in bladder. They were treated by indigenous doctors quite reputedly.⁶⁴. Similarly Indian medicine was also very effective for sore eyes, ``dropsy`` or for fever.

IV. LEPROSY AND BARRENNESS :

These two diseases were the stigma on the individual. They were tormented and were pushed to the fringes of the society. At times they were pushed to the death by the society and the 'wisemen' who said according to them,they(the diseased) could only be cured thus, of their sins in the present and past life. The leprosy could also be inflicted by eating milk and fish together or having killed some-one in the previous life.⁶⁵. 'Barreiness'was also attributed to the sins done in the previous lifes, like killing a snake etc. To come out of to these sins one had to perform

63. Ibid,Vol,2pp.327-28; F.Bernier,Travels in the Mughal Empire,1656-1668(ed),V.Smith,Delhi,1983,p.365;James Tod,Travels in Western India Delhi,1971,Vol.2, p.263; S.H.A.Khan, John Marshall...,op.cit.,pp.336-41.

64. F.Bernier,Travels in the...,op.cit.,pp.254,338;John Fryer,A New Account...,op.cit.,Vol.2,pp.327-28.

65. Garcia Da Orta,Colloquies on...,op.cit.,pp.290

prayers sacrifices, visit various shrines, take bath in holy ponds etc. Infact, Garcia Da Orta claims to have cured a leper through the Portuguese method of mercury bath.⁶⁶ But the traditional cure was sought through giving alms to beggars ; taking a holy dip in Ganges and at times by killing oneself. The literature abounds in these informations. At a later stage, Europeans opened leper house also. This malady is basically a skin problem and has continued to this day. According to the 1993 Reports of Government of India, there are one million lepers. They still continue to live out side the society and survive on government aid and beggery.

John fryer, discussing the seventeenth century says, that there were many lepers who roamed the market place. He further adds that their disease could be cured after the bath in the hot springs which were supposed to have therapeutic qualities and healed the diseased part.⁶⁷ As already discussed, the capers had to die for their sin and once we are told a leper was thrown in a pit of fire in 1812. In this act of penance, he and the family thought he

66. Garcia Da Orta, Colloquies on the..., op.cit., p.452.

67. John Fryer, A New Account of..., op.cit., Vol.III, pp.93-101, Vol.II, pp.327-28; William Crooke, Popular Religion..., op.cit., Vol.1, p.272.

would gain his purer form in the new life.⁶⁸ At Calcutta they were in large numbers, even they were outcast from their society, and were condemned to death, alive | They were also deprived of their belongings. They were pushed to the life of beggery. This was punishment for them (leper), by not following natural laws. A myth related to it is that about the death of Salim, who had treachously attacked Firoz Shah. Salim died of leprosy within two years of this conflict.⁶⁹ If the person did not take voluntary death, the leprosy might not leave his family. So, we hear even the Ruler of Jhansi, Raghunath Rao taking to 'samadhi' when the doctors pronounced his disease incurable. After his samadhi his family members, performed all rituals, which are performer, at death and they satisfied went away hoping that the family was cured of heavenly anger.⁷⁰ Leprosy was found infact every where in India and was of two types , known as 'kor' and 'charka' The first variant was fatal in

68. William Crooke, Popular Religion..., op.cit.,; William Crooke, Things Indians, op.cit., p.305.
69. W.H.Sleeman, Rambles and..., op.cit., 1988, p.520; Reginald Heeber, Narratives of A..., op.cit., Vol.1, pp.50, 353-54, Vol.2, p.330; William Crooke, Things Indian, op.cit., pp. b307-309.
70. Donald Butter, Topography and Statistics of the Southern District of Awadh, (ed), Safi Ahmad, Delhi, 1982; Montgomery Martin, The History, Antiquities..., op.cit., 5 Vols.

serious, and in this only the skin lost color. The scientific knowledge of the period was not strong enough to clearly demarcate 'kor' and 'syphiliys'. They at times were confused to be the same. Montgomery Martin and Donald Butter had even given statistic data of them, in early nineteenth century, Bihar and Uttar Pradesh, respectively. Donald and Martin also brings out one revealing fact, that these lepers continued to live the conjugal life and bear children, who also had the disease. But in most cases people of high caste maintained the life of celibacy after the disease. They also performed charities to gain the sympathy and blessings to overcome the Gods afflictions forever.⁷¹

V. EPIDEMICS : CHOLERA, SMALLPOX, PLAGUE, INFLUENZA

Epidemics in the form of cholera, smallpox, plague, influenza or malaria was not uncommon in the pre-colonial period of India. Without tracing their history, let's concentrate on the manner they were received and reacted to by the populace and the wisemen of society. Though the disease history of each epidemic itself will be interesting but we will only discuss the way it was understood by the populace and the process/ mechanism adopted by them to deal

71. Ralph W. Nicholas, 'The Goddess Sitala and Epidemic Smallpox in Bengal', in J.A.S. Vol. XLI, No. 1, 1981, pp. 21-23.

with it. It was not only a disease but a catastrophe, because of its enormous mortality trail. It was not only a personal affliction which one lost the parts of the body, the other was less affliction but a social calamity because of its ravages. It had the sudden mortality, but had created havoc for speediness with which it brought death .

The historical experience of these epidemics are not new to the Indian society Infact, smallpox, cholera and pestilence (plague) had been identified in its medical literature of the period. As early as Athervedic period smallpox was identified to this period of, Gutika, as 'Gutika-Thakurani' a goddess.⁷² But without going into that early period, lets begin with pre-colonial India C.1500-1800- A.D, the period of our immediate concern. By this period these diseases had already had their share of history, though not necessarily as they were known in the early nineteenth century. These epidemics were feared and revered for the death they brought. By sixteenth century the Indian populace had already placed these epidemics as 'divine' in nature and were related in a sisterly way, in the folk memory. As all had a similar end, that

72. Philip Fredric Mceldowney, Colonial Administrations..., op.cit., pp.201-206; I.J.Catanach, 'Plague and the Indian Village 1896-1914', in Peter Robb (ed), Rural India, Delhi, 1992, p.218.

is, depopulating, high mortality of cycle, they followed in the year and the despair and pain it brought to populace was enormous. Basically we would examine how the society comprehended these epidemics. The experience of the population throughout the length and the breadth of the country was same.

The village society placed 'it' in the same frame as to the other diseases. Though, due to their violent nature they had been designated as 'Devi' itself, and prayed worshipped, because of its devastating nature and suddenness people at the first occurrence used to flee from the sight of the epidemic due to the fear of death. Thus, they were also considered as the work of demonic and supernatural powers. Where ever they occurred they created a perfect stampede, and people left the village to move into the jungles till the epidemics subsided and the ritual of pacification performed by the village priest.⁷³ Each of them were associated with a deity. Smallpox was known as 'MataSitla' or the 'Devi' of cool, cholera was supposed to be controlled by 'Lala Hardaul's' spirit and the plague was considered the handy work of the village deity, or 'Gram Devta'. They were worshipped on the first occurrence of the

73. Donald R. Hopkins, Princes and Peasants, London, 1983, pp.9-11, 140.

year. Each village had its temple constructed and on the auspicious day of the year the 'puja' was performed. (Appendix) These epidemics were not only explained through the magico religious process but the vaidis and hakeems had its humoral explanations too, and with prayer and propitiation the secular medicines were continued, as part of treatment. 74

But the Europeans who had already experienced these epidemics in their native countries, could not give a cure. Only the preventive mechanism was developed, as they were still (1850's) grappling in dark about the nature of these diseases. They advocated for sanitation and hygiene to control and prevent the spread of these epidemics once it had occurred. The whole phenomena would get explained once each disease is discussed separately in the perspective of its occurrence.

Smallpox or Sitala the goddess, as the people understood it, was copper colored pustules accompanied with pain and fever. It appeared all over the body. It was fatal in nature, before the discovery of cow pox vaccine. The fatality rate increased in later period, thus shifting it

74. W. McNeill, Plagues and..., op.cit., p.107; A.W.Crosby, Ecological Imperialism :The Biological Expansion of Europe, 900-1900 , Cambridge, 1986.

from the physicians to priests. The failure of secular medicine drove the populace for the alternative—the magico-religious cure. Once it occurred, it could only be cured by propitiation and continued application of secular medicine which was based on humoral theory. McNeill and Crosby, has explained the occurrence in terms of population explosion or expansion of the biological world.⁷⁵

During the period of illness, it was supposed that the diseased is possessed by goddess 'Herself' and was worshipped. Cool diet were given to the diseased. A winnowing fan of Nim leaves were used to give coolness to the pustules. Once it occurred, 'it' took seven to twenty-one days to recover from 'it'. The movement of the diseased was restricted. A strict diet control was followed. And he was not to go on pilgrimage during the period of illness, etc. A simple dress code was to be observed by family i.e. no ornaments and colored cloths were to be used. Children were more prone to it.⁷⁶ Family members were to perform puja to be goddess. If the diseased dies, he was not supposed to be burnt, as 'it'

75. John Fryer, An Account of..., op.cit., Vol.1, pp.285-89.

76. W.H.Sleeman, Rambles and..., op.cit., 1988, pp.169-171; William Crooke, Popular Religion..., op.cit., pp.140-70.

was goddess herself and not the disease as such.⁷⁷ Whenever the irruptions occurred it was said 'Devi nikali hai' It was specially the month of April to June in which it occurs . Holwell writing about 'it', says in Bengal, it occurred every five to six years, without exceptions. If propitiated, she could be mild in her appearance. Due to the month in which it generally occurs, it was also known as 'Spring goddess'. To lessen the impact, variolation was taken. It was also understood in terms of seeking blessing of the potent goddess. While this variolation was performed mantras and rituals were also performed, seeking the protection from the Goddess. This was indigenous to Indian society and before Jenner's 1796 vaccination.⁷⁸

The variolation or tika though did not eradicate the 'pox', but it made it mild in occurrence and the mortality rate was reduced. In fact, we had doctors like Alep Choby of Oude , who specialized in 'pox' cure .⁷⁹ There were also

77. Donald R.Hopkins, Princes Peasants, op.cit.,p.9;David Arnold,'Smallpox and Colonial Medicine in 19th Century India'in Imperial Medicine and Indigenous Societies, Delhi,1989,pp.50-56.

78. James Forbes,Oriental Memoirs...,op.cit., Vol III,pp.425-29.

79. O.P.Jaggi, Epidemics and other Tropical Diseases, Delhi,1979,pp.9-90.

physicians at Mughal Court who with brass or golden needle operated the irruptions.⁸⁰ About 1700-1707, according to a persian record which mentions about an unusual method of treatment adopted to relive the sensation of the vesicles of smollpox.⁸¹ SitalaMata is also the village goddess and cured barrenness of women who worshipped her. Thus what the disease-'smallpox'-reflected was the total socio-cultural milieu of the society. That is to say, the consciousness of the society and the various relationships were brought to view which reflected the mental and physical world of the period .

Cholera, which is derived from Greek, 'kolera' meaning diarrhea, is an Asiatic syndrome. It was not new to the period as was made by the Europeans in eighteenth century. As O.P. Jaggi informs us that about 1543 Goa in which witnessed 'morxy', with symptoms like vomiting, with drought of water accompanied, cramp all over the body and stomach was felt parched. ⁸² The disease had high incidence during June-July. Arabs called it 'haiza' the literature of the

80. Mohan Rao, 'Of Cholera and Post Modern World,' in E.P.W., Vol.XXVII.No.34, Aug.,1992,pp. 1792-96; Reginald Heeber, Narratives of...,op.cit., Vol.1,p.103.

81. Donald R.Hopkins, Princes and...,op.cit.,pp.295-296.

82. Ibid.p.144,quotes O.P.Jaggi,Delhi,1977,pp.195-196.

period abound with information on 'haiza'/cholera. As between sixteenth century and early nineteenth century, it had already acquired the status of a calamity and was ascribed to the act of evil spirits or witchcraft, among the lower class Indians. The most affected class was the poor and malnourished people. Again children and women fell more to it.⁸³ There are various stories and myths associated with it, regarding 'it' being a 'scourge' on Indians, (?) for letting the British break the social taboo. The disrespect shown led to the 'divine anger. This was all in folk perceptions, about the occurrence of this epidemic.⁸⁴

According, to the professional understanding of Morxi/cholera, could kill within twenty four hours, if not attended. Generally after a dialogue with the patient, the physician treated him with hot iron in the feet. Rose water was also used and a strict food control was observed by them. The native doctors/hakim even believed in "starving out the complaint".⁸⁵ The diseased could also be administered with lime juice and sugar. It never attacked in empty

83. W.H.Sleeman, Rambles and ..., op.cit., 1988, p.163.

84. Mrs.Meer Hasan Ali, Observations on..., op.cit., p.270.

85. Percival Spear, The Nabobs ,op.cit., pp.100-104; W.H.Sleeman, Rambles and Recollections..., op.cit., pp.1-68; J.Ovington, A Voyage to..., op.cit., pp.204-206.

stomach and only a full meal that too if it was with fish, rice and milk - the diagnosis was certain.⁸⁶ Europeans used opium and calomel, during the symptom period. About the ways it spread people were still apprehensive. According to Europeans, the 'miasma' spread through air leading to cholera. So they opted for segregation of affected and also built walls around their settlements to avoid this direct contact of miasmas.⁸⁷ This was not only peculiar to it but to all epidemics. It reflected the comprehension of Europeans about the epidemics as such.

One of the important aspects of high mortality - between 1817-1821, 18 million deaths - was the refusal of the populace to go for secular treatment. As they did not want to be disrespectful to the deity (this was their world view of epidemics). They refused the secular medicine and preferred 'puja' or rituals.⁸⁸ According to one story as described by W.H.Sleeman (Oude), 'the whole town was to follow a 'scape goat', over the town with all kinds of

86. Donald Butter, Topography and..., op.cit., p.132.

87. Mohan Rao, 'Of Cholera...', op.cit., E.P.W.p.1793; W.H.Sleeman, Rambles and Recollections..., op.cit., p.167.

88. W.H.Sleeman, Ibid; Philip Fredric Mceldowney, Colonial Administration..., op.cit., pp.201-206; I.J.Catanach, 'Plague and the Indian...', op.ct., p.218.

noises created. This whole procession could be without the noise also. It proved effective in the 1832 cholera epidemics'.⁸⁹ The other solace was provided in the worship of divinity of 'Lala Hardol' who was worshipped prayed to secure his protections. According to the 1817 out break of epidemic it said, Lord Hastings fighting with Pindaris camped near Bundelkhand. The European, without any regard to the beliefs of the populace, killed a cow in the sacred orchard, where the spirit of Lala Hardol lived. This impious act led to the out break of the Cholera morbus.⁹⁰ There was another line of popular belief among the tribals who thought it to be the handiwork of demonic forces and thus asked Baiga to propitiate the angered spirit.⁹¹

As discussed earlier, cholera or Mort-de-chine was due to eating of fish and flesh together. A perception was also there that, 'it' associated itself with troops movement (a later observance).⁹² With the magico-religious beliefs the popular use of heated sickle to the sole had been described

89. W.H.Sleeman, Rambles and..., op.cit., p.163.

90. William Crooke, Popular Religion..., op.cit., Vol.1, pp.123-74; B.H.Mehta, Gond of the..., op.cit., p.319.

91. William Crooke, Things Indian, op.cit., p.106; Mohan Rao, 'Of Cholera...', op.cit., pp.1792-97.

92. Ibid

by all the travelers of the period e.g. Thevenot and Delton etc. Infact Thevenot was attacked by cholera, in 1678 near Surat and only after use of secular medicine and care he regained health.

As the above analysis has shown that people accepted the disease, specially epidemics as 'divine' anger. They worshipped and took only those medicines which constituted the part of ritualistic process of the cure. The experience of the disease showed, it occurred during dry seasons and was more prone to the areas where there was maximum movements of troops or people for pilgrimage etc. Infact, this last aspect had set the field for the clash with the Europeans after 1850's. The psychological impact which cholera had was unique. As it did not believed in the 'quarantine' and choose its victims erratically it was most feared of all diseases. It got even the name of 'Mahamari'. It occurred in cycles, and also occurs in this modern world with similar ravages (restricted to third world countries). It was followed by mass migration of population.⁹³

Plague in history as an epidemic, is as old as 1348, and since then has been occurring in waves at irregular but frequent intervals, causing high mortality. Indian history

93. Dick Kooiman, 'Mass Movement, Famine and Epidemic; A Study in Inter Relationship', M.A.S., Vol. 25, No. 2, 1991, pp. 281-301.

too had its own story to tell. Like other epidemic it was also ascribed to divinity and named as - 'Mahamari'- seeing the ravages it created. The peculiarity with all epidemics specially with plague was that it was follow up of famine, drought and dearth (most sources depicts like it). The enormous death which followed has been picturised well in Kalhan's 'Rajtarangini' way back in 917-18 A.D., 'One could scarcely see water in Jhelum and the river was covered with bones/corpses. ⁹⁴ The recent studies and plague epidemics have already shown the dependence of the disease on the climatic conditions. But these are the modern days findings and after thought. What the people and the professionals experienced and said about it when it occurred was a different story, as we have already examine that. Plague was always associated in the pre-colonial period and colonial period with famine and dearths, though there is much to show direct link than otherwise, we are not bothered by it at present. ⁹⁵ What plague for the people in seventeenth century was not that, what the authors of twenty-first century says. For the seventeenth century it was a divine

94. A.Loveday, The History and Economics of Indian Famines, Delhi, 1985, p.11.

95. Tim Dyson, India's Historical Demography, SOAS, 1989, pp.2-8.

anger which was manifested through their experienced years of social behavior. As was the case in 1651 A.D. when plague / pestilence attacked people, in the area of Punjab, Lahore and Agra, many people were killed in this mysterious diseases. Jahangir's Memoirs adds further, 'this diseases was not known in this country and the physicians ascribed it to the failure of rains,drought,and some added,due to the corruption of air. Still some held 'it' to be the 'wisdom of Allah' and hence they must submit to 'its' decrees.⁹⁶ Infact, this whole concept of disease was attributed to the 'divine', and prayer and sacrifices were the means to placate the anger not the medicine itself. Medicine could do little or nothing during such climates, in the eyes of the general people and the professionals of the period.

The Indian epidemics had many myths associated with them,as Tuzuk, would have us believe that when in 1619 A.D. plague advanced towards Delhi from Kashmir, it did not affect FatahpurSikri,as it was the Dargha of the famous Salim Chisti, thus also linking the pestilence with divine intervention. The death rate was high, around hundred people died daily in Agra in 1619 A.D. . The eruption of itch under armpits or in groin or below the throat the buboes occurred

96. H.Beveridge (ed),The Tuzuk-I-Jahangiri,2 Vols.Delhi, 1968, np.330.

and the person died . Another important aspect was in Agra plague had been for the last three years in succession in cool seasons.⁹⁷ It was contagious in nature. If it occurred in a family the total family was whipped out. The link was found in the death of a rat at Agra, in which the cat which tried to eat the rat died instantly. There was another example where the plague was treated with the help of bezor stone in the court of Shajahan in 1644 A.D. . The prince was brought to health by the physicians . The occurrence was attributed to corrupt air. ⁹⁸

The recent plague memory - 1896-1914 - gives a peeping window to the past experiences of the epidemic. These epidemics provided the launching pad for the attack on the Indian medicines and health concepts. According to the Government Report of 1929, from 1889 to 1930, plague caused twelve million deaths .⁹⁹ But according to J.Ovington the deaths in the 1691 pestilence it saw 200,000 people die in

97. H.Beveridge (ed), op.cit., pp.65-67.

98. W.E.Begley and Z.A.Desai(eds), The Shahjahnama of Inayat Khan, Delhi, 1990, pp. 69, 203, 291, 305.

99. David Arnold, 'Touching The Body :Perspectives on the Indian Plague, 1896-1900', in Ranjeet Guha(ed), Subaltern Studies V, Delhi, 1987, pp.55-89.

eighteen days only in Balshera.¹⁰⁰ He further says, there was around three hundred deaths daily in Surat and the pestilence was raising this havoc for last six years. Thus, the enormousness could be gauged of earlier such epidemics. The similar feelings of it being the punishment of God was voiced and treatment refused.¹⁰¹ Though the period after 1850's becomes totally different on the level of the medical perceptions because of many questions of politics and also due to other developments, the pre-colonial period shows the capacity to cope with the natural and supernatural diseases and calamity through the means and the mechanism of its own understanding (magico religious and the secular medicine).As the medicine of Europeans had fail to save them from the ravages of these epidemics they refused to accept their measures for the epidemics. Which were through sanitation and hygiene and quarantine techniques. While the Indian's tried to get away by fleeing, the European state used quarantine to save themselves. The relationship would be exposed when we briefly discuss the European notions of medicine in the next chapter. The ground reality of quarantine techniques and their general behavior towards Indian medicines would also be examined.

100. J.Ovington, A Voyage to..., op.cit., pp.203-204.

101. David Arnold, 'Touching The Body...', op.cit., p.63.

CHAPTER : THREE

EUROPEAN PERCEPTIONS OF DISEASE AND TREATMENT : A
COMPARATIVE ANALYSIS

To understand the total medical ethos of the Indian Society during the period C.1500-1800, it is necessary to comprehend the perceptions of disease and treatments of the Europeans during the same period. The Europeans (Portuguese, French, English etc.) who came to India during the period settled here for commerce and other activities. Thus, making themselves a part of the Indian society, though living in 'Only Europeans' settlements. They had to face the hostile environment in the form of many diseases and epidemics.¹ We have already discussed elsewhere about disease being a cultural 'prism' and thus its study reflects 'it' being "structurally embedded in contemporary political and social thoughts."² The tendency to view health problems from the perspective of their own particular societies and culture, norms, values, beliefs and life style provided

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1. G.Melvyn Howe, Man, Environment and Disease in Britain Penguin, 1976, pp. 36-38 ;Fernand Braudel, Civilization And Capitalism 15th Century to 18th Century, Vol. 1, London, 1981, p. 80.
 2. Macleod and Milton Lewis(ed), Disease, Medicine and Empire, London, 1988, 'Introduction', pp. 1-2, 12-13.

contradictions in their attitude, behaviour, techniques etc. to that of the Indians in India. It is at this hindsight we discuss the European notions of disease and medicine and their reflections in India between c-1500-1800 A.D..

To gauge the experience of illness through the sufferers perspective would enable us to understand the perceptions of 'being ill.' Which would to a great extent reflect the contemporary world. Needless to say pain, fear, grief are the emotions which cannot be quantified and is a unique experience, for each individual/family society during its existence. In the following paragraphs we would discuss two case histories of seventeenth and eighteenth century individual/family of Europe, to know their notions of ailments, therapy and preventive methods. Each case is taken separately to give detailed information on their period and landscape. The first case is reflected through the study of letters written to friends, relatives between 1652 and 1722. The second case is through the reading of diary, compiled between 1643 and 1683.³ Both the cases are from the patient's point of view but reflect the 'total'

3. Elborg Forster, 'Illness and Health in the letters of Liselote Von Der Pfalz (1652-1722)' in Bull.Hist. Med., Vol.60, 1986, pp. 297-320 ; Lucinda McCray Beier, 'In Sickness and Health : A seventeenth Century Family's Experience' in Roy Porter (ed), Patients and Partitioners, Cambridge, 1985. pp.101-128.

world view of the period.

CASE 'A'

This case deals with the dilemma of a women from a noble family who was not allowed to decide about the kind of medical help/prescriptions she required. She, Elisabeth Charlotte, was a court lady, had to obey the professional medical care. She had another problem, whe was brought up in Germany and was now the Queen in France thus, bringing contradictions in her health perceptions of earlier years to that of her married life at the court of France. Thus her attitude reflected a bias towards Germany. Despite many idiosyncrasies that shaped her views, the information in her letters is of great significance for understanding the medical temprament of the period. The summary of the letters follows ...

Elisabeth was born in 1652 and was married in 1671 to Philippe I of France. She was the second wife of her husband Her letters brings out the various aspects of the aristocratic families of the period. She mentions about the morality, disease and others notions of being ill at court. She mentions about her husband being 'gay' though both together, had produced three children. After it she was "allowed " to live in perfect 'chastity'. Her husband died in 1701 of apoplexy. As already noted Elasabeth was not allowed to express all her thoughts, reflecting the

restrictions that were placed on the elite class women. She expressed all her views through correspondence. In 1715 her son succeeded to the French throne and she soon gained importance for being the king's Motrer. She died in 1722 at the age of 70 years. Her attitudes, beliefs, observations about disease and its treatment are reflected in her letters written over fifty years at an average of forty letters per year. The letters not only reflect about her own world view but also of nurse-maids, servants and coachmen and other notables. Thus her information about health and disease came from folk tales, proverbs, and other traditional beliefs about disease and epidemics. She also mentions smallpox, loss of hair, teeth and other accidents. Her letters are reflective of health and hygiene concepts of the period. The nature of information gathered from her letters can be classified into three sub heads, firstly, disease, epidemics and accidents ; second, remedies and treatments and the third, medical practitioners i.e. physicians surgeons, barber surgeons, apothecaries, bonesetters and other healers.

The letters are descriptive and don't leave anything to the reader's imagination. The diseases about which her letters throw light are, Syphilis, abscesses, broken limbs,, cough, consumption, diarrhea, dropsy, epilepsy, eye troubles, kidney stones, madness, measles, ulcers, gout, tooth trouble, jaundice, 'fluxes' of all kinds, female

complaints about child birth etc. Thus her letters give a vivid explanation of these array of diseases which were embedded in the theory of the humors and temperaments, that makes him or her susceptible to specific ailments. Thus, she discusses her own ailments and it being balanced through humour controls.

According to Elisabeth, many illness/ailments were manifestations, of nature like running rose or caught and diarrhoea which brings out the bad stuff out of the body. During her time "the 'humour' meant the fluid substances that made up the body and a person's temperament, thus according to her there was an intimate connection between the state of mind and physical health". Further she writes "individual illness" were related to the patients constituents". For her 'run-off the mill' ailments (common illness) could be cured by living a natural life and being patient'. According to her, much of ailments were caused by 'vitiating air', insufficient sleep and of course of sexual debauchery". Thus, she gives the complete picture of the moral environment as well as, the general/common ailments of the period. She has discussed in her letters about epidemics also. She has described that the epidemics frequented, were contagious and were determined by special weather conditions she has described the 1720's plague of Marseilles and the rumours associated with it. The state had imposed

'quarantine'. As Elisabeth further says, the physicians knew little about the epidemic and its nature. The court physicians (the Regents first) had denied the plague being contagious. Another epidemic which finds place, is smallpox, the most dreaded one. Elisabeth too had suffered it. She writes that she had read of inoculation for smallpox she adds, "she would not have preferred it and would leave this up to the good lord. Her rejection was natural, as her basic concept of health was 'evacuation' and ideally natural evacuation. She writes about the popular resistance to inoculation.

Elisabeth also talks of 'madness' and the attitude towards it. She did not find the lunatics amusing - "madmen never amuse me". She feared them they were restored to health through natural therapy.

Elisabeth has details of information on child birth, pregnancy and other related problems. She has been able to throw lights on it, through her own experience. Many apprehensions and problems were faced during the child birth. She also says this aspect was webbed in customs and taboos of the period. As, they (expectant mother) were not allowed to go to confinements. The women were frightened of the total process of child birth and feared death. This fear continued for each pregnancy (she mentions of her daughter

who had gone through 14 pregnancies, also feared it). The general belief was, bad dreams led to miscarriages. There was extreme pressure on the female of the court to produce a heir as soon as possible. There was more death during child births, as they were married young. Elisabeth talks of midwifery and it being famous that, it had international clientele (cases of Madme de Robinet and Julien Clement in Europe and France aristocratic circles). She talks of high mortality rate.

As already discussed, she believed in natural therapy by 'following nature' and not hurrying the process. She believed that by controlling the 'self', one could overcome various ailments. About the doctors and the professional class, she says, 'they knew nothing except purge, bleed', and ascribes the death of Queen Marie-Therese, to repeated bleeding or for that matter the death of Duchesse de Bougoyne which resulted because of the impatience of doctors. She empathically says "one should not go in for doctoring unless it is absolutely necessary-but if one is ill one must seek help". She also mentions some home made medicines - egg beater with cinnamon and sugar for cough, laurel baked into black bread would break an abscess if held against the ear as soon as the bread came out of the oven. A great deal of wine, butter and eggs were used for home remedies. She says otherwise the abscess was operated upon

by barber, even for royal families.

She mentions the pharmacopeia of Germany - 'cow piss', 'human fat', and other drugs made out of herbs. She was herself aware of many such medicines and could prepare them. She also mentions bezor stone and its quality.⁴ There was minerals like, Gold powder, Epsom salt, antimony compounds. About the physicians she is very critical and says 'the remedy was worse than the disease'.

One very interesting aspect of her letters is that they go into such details that one cannot resist their sincerity. When she became 'Doughter of France' was allowed to choose her doctors. There she expresses how a patient should be allowed to choose, the cure, when the doctors had digrosed it and not forcefully implement it. As she said in her own case of the court doctors "don't get angry if I don't accept the medicine, as my health is mine and my body is mine and would govern them as I feel them fit". She objected to the blind obedience from patient. Her idiosyncrasies are reflected more in these lines, "If we people had a window into the stomach which the doctors could look, then I belive they could find means to cure people, but since they have to guess at every thing, it is no wonder

4. J.Ovington, A voage to Surat in 1689, (ed) H.G.Rawlingon, London, 1929, pp-155-59.

that every thing is so uncertain". She also decries that doctors did not learn from their faults and repeated the same treatment process, even after failure. She sites many examples from the period of 1712 measeles epidemic when due to the wrong treatment (according to her) the patients from the aristocratic families died.

She also provides details about barber-surgeons, in her German correspondence. She mentions barber surgeons, who worked on military rolls. She also describes an incident in which she had to take help of a village bonesetter. Then her letters talk of medical profession and the guild systems which functioned. She talks of hierachy of practitioners. The letters further give an insight how a patient develops a liking of one doctor and depends for all cure on him. All these particularistic approach could be traced to her upbringing. Plus, of a particular class who adhered to that thinking and social status. Her personal background had a lot, to do with her attitudes towards life. For her, cure was a matter of "restoring the natural functions" of mind, body and nature". According to her health and religion were fundamental things to know for all individuals. Her letters are a perfect source to understand the position of the ruler and subordinates/officials who tend to function to have greater control over the ruler and his person, and physicians were the best to exploit this. This mine of

information also prove our earlier stand about, the concepts of' illness, health and medical practice must be understood in the context of the cultural heritage of the period"⁵.

Case 'B'

This case deals with the experience of Reverend Ralph Josselin, a clergyman of seventeenth century. The information compiled during last forty years of his life, about illness, health about safety of his family, friends and acquaintances during 1640 to 1683. The information contained in the personal diary of this clergyman, can be utilized to reflect the contemporey health, living conditions and the methods that society provided' for cure⁶. Though much of the information revolves around his wife, children, and himself,

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5. The above summary is of the text produced in Bull. Hist. Med, Vol. 60., about a German Princess who goes on to became the queen of France and the turmoils and experiences she faces on account of illness and health. The whole information is based on the letters covering 40 years of her 70 years long life, when she was at French court. The letters are a mine of information on the medical climate of the period.
 6. Lucinda McCray Beier, "In Sickness and in Health : A Seventeenth Century Family's Experience" in Roy Porters (ed), Patients and Practitioners, Combridge, 1985, pp. 101-28. This case is based on The Diary of Ralph Josselin, 1616-1683. (ed), Macfarlane (London,1976). Here Beier, provides an insight into the disorders and medical problems faced by Josselin, thus reflecting the medical temperament/ethos of the period. Case B is the summary of the text.

but, the behaviour of friends and acquaintances also have been taken into account . During the first twenty years he mentions 731 instances of his wife's illness, of these 73 were related to child birth etc.; of the others a plethora of symptoms were tooth ache to auge, to being 'sickly with toiling over' an ailing child in the next 20 years only 17 such incidents are reported.⁷ [Diary, pp. 64, 189,394,429]

The paper, deals with various medical problems like child illness, accidents, adult disorders pregnancy and child birth. It has also tried to throw some light on the behaviour of the sick and their attitudes. In their first twenty years of married life, Jane, Ralphs wife and fifteen case of pregnancies, which produced ten children and five miscarriages. The first pregnancy was after ten months of marriage. They were never happy about the miscarriages despite a large family, as according to them miscarrying womb is a sad affliction. Jane, his wife could predict the sex of her expected children. The diary further gives details of pair, nausea, fainting, gone through the pregnancy period. During any problem, they usually prayed to god.

The fears about the deliveries were very common in the

7. 'In sickness and in Health' ... 'Lucinda McCray Beier, pp.101-128.

seventeenth century England. Help of surgeons were only taken when a still born was not expelled by itself by mother through birth canal. 'Even normal deliveries were fraught with danger'. The doctors/surgeons could not stop haemorrhages and infections. Though midwife's help was required a child could be delivered without her, as Ralph mentions two such deliveries by his wife. For quick delivery they prayed to god (Diary-pp.402-3). There is mention of two neighbourhood death during child birth. The presence of midwife was legally necessary during child birth.⁸ Jane too had become familiar with the therapy during child birth as, she had attended to her neighbours. There was lots of infant mortality. Ralph sites atleast five such instances about his own wife in his diary. But life, after the end of pregnancy period was over, was quite the healthier. The diary also mentions how Josselin and his wife escaped ravages of smallpox but their 'children were not so fortunate'. Cold and cough were common ailments. Brushes with disaster was a mark of God's providence on the family Escaping both from accidental injury and death from epidemic diseases. The diary mentions little use of medicine. According to Beier, 'Josslin and his family suffered

8. Ibid. p.105, in Foot Note 17.

from the dietary and sanitary conditions of their.⁹ This comment is based on the frequency of 'stomach illness'. Humoral theory of illness was the dominant belief of the period. There is even reference to 'mind illness' being caused by 'satan' and for cure, the clergyman was called in (Diary, p.15).

The diary is replete with details about symptoms, the treatments used by healers and consulted in times of illness.¹⁰ In all there are 762 cases of illness or injury happening to himself his family members or neighbours. In only seventynine cases remedies were applied. He has discussed physicians apothecaries surgeons, midwives and bonesettars. He has a fair amount of medical knowledge. Infact he examines his own urine during times of illness to determine the prognosis of the disease. He might have used this knowledge for other members of his family . He says, Jane was the main authority on medical aspect of the house. She prepares cough cyrups with roses performed jobs of a

9. Lucinda McCray Beier, 'In Sickness ...' op.cit. p.112 ; Quoted in J.Hitchcock, 'A Sixteenth Century Midwife's Licence' in Bull. Hist. Med., XLI,1967,pp.75-76. These woman witnessed the mother's conversations during labour and could report on statements made as to the paternity of the child they could also protect the mother and the midwife from accusitations of infenticide in cases of still births.

10. Ibid. p.117.

surgeon with the burns, like dressing and cutting. She even helped her daughters during confinements. Tooth ache was cured with tobacco pills. This shows most people were aware of 'simple herbal remedies'. Even the diary mentions a kind of Cympathetic magic, applying honey to a bee-sting (Diary,p.19.) There were magic wells which cured ailments. Medicine for contemporaries meant production of an immediate cure. The diary describes midwives duties and also mentions women as bonsetters.¹¹

Josselin rarely mentions health and illness without mentioning God. Beier says, he was the 'man of his time'. According to a popular notion 'whatever happened was God's will', all illness and disasters were looked upon as 'God's punishment for sin or his way of testing the faithful.'¹² Josselin felt that the best medicine/remedy was prayer and best preventive medicine was a sinless life.¹³ In fact Beier quotes Macfarlance that, Josselin held himself responsible for both his own ailments and those of his children.¹⁴

11. Lucinda McCray Beier, 'In sickness...' op.cit. pp.120-1.

12. Ibid. p. 122.

13. Ibid. p. 122.

14. Ibid. Quoted in, The Clergyman : An Essay in Historical Anthropology, Combridge, 1970.

'Ralph Josselins theological view of illness dovetailed nicely with his humoral orientation. Both approaches saw ill health as a personal particular manifestation stemming from divine displeasure on one hand, or an imbalance of the individual's humoral make up on the other'.¹⁵

During 'sickness' nobody really took to bed unless it actually incapacitated the person. Family members took care during the sickness period. The diary is silent about the food and clothing habit during the illness. Plague and smallpox were most feared of all epidemics. Smallpox was most frequent-twentyone times in thirty years. The diary also mentions the plague of 1665 -1666 and the measures of state during it was used. Though plague was incurable people did try remedies. Smallpox was treated on humoral theory basis. The plague was also known as 'the arrow of death.'¹⁶ The most frightening aspect of epidemics was the collectiveness', than failure of medicine. It was sudden and mysterious in nature and it was convincing that it was God's punishment

15. Lucinda McCray Beier, 'In Sickness...' op.cit. p. 123.

16. Paul Slack, The Impact of Plague in Tudor and Stuart, England, London, 1985, pp.26-30 ; Lucinda McCreay Beier, 'In sickness...' op.cit. p.126.

for collective sin. As it killed people in large numbers. Hence collective prayers were done during such crisis.¹⁷ Thus, the diary is a reflection of an individuals experiences of illness and health and his attitudes and behaviours.

Despite the limited information and various other handicaps like the case 'A' is about the perceptions of roling class where the best of professional help was available. The other, case 'B' is about a clergy, thus reflecting a theologian as well as a popular kind of opinion and attitude. But, as they are the product of their time, they cannot be separated from the intellectual and cultural milieu of the period. The other literature of the period too is of similar sentiments as has been reflected in the above two case studies.¹⁸ The failure to control and eradicate epidemics was still a dream in eighteenth and the early nineteenth century. It was still controlled by 'qurantine' laws and increasing the hygiene and sanitation facilities

17. Frank Mort, Dangerous Sexualities, London, 1987. p.14. Roy Porter (ed) Patients and Practioners, Cambridge 1985.
18. Cherles Webster (ed), Health, Medicine and Mortality in the 16th Century, Cambridge, 1979 ; A.H.Gale, Epidemic Diseases, Penguin, 1959 ; Douglas Guthrie, A History of Medicine, New York, 1945. ch : XI P.196 ; A.WOLF, A History of Science, Technology and Philosophy in the 16th Century, 2 Vols. ch : XIX, P.425-449 ; G. Melvyn Howe, Man, Environment and Disease in Britain, Penguin, 1976.

for the society.¹⁹ Infact the 'quarantine' was not 'cure' but a kind of imprisonment to those who threatened the life of the non effected. As a matter of fact, all epidemics had the highest mortality among the poor, though the rich were not spared.

Thus, after examining these two case studies in the light of the earlier discussions on the perceptions of Indian society on disease and treatment, we hardly find any differences especially at the lay level. People of neither society at that period, separated religion and medicine.²⁰ They attributed all disease, epidemics or for that matter any kind of misfortune, to the divine providance. But at the professional level we find some difference on account of comprehending the humour theory. Though the humoural theory was common to both the systems, and both believed in the concept of balancing the humour for healthy body and mind, the difference was in the process of

19. Paul Slack, The Impact..., op.cit. pp. 26-30 .
A.H.Gale, Epidemics op.cit. pp.28-40.

20. Lucinda McCray Beier, 'In Sickness and in Health...' op.cit. pp. 122-28 ; Edward O.Henry, 'A North Indian Healer and the sources of His Power ; in Griraj Gupta (ed), The Social and Cultural Context of Medicine in India, New Delhi, 1987, pp.. 287-304. In fact the men of medicine were known to have mystic powers, Hakeem Abdul Hameed, Exchanges Between India and Asia in the Feild of Medicine, New Delhi, 1986, p. 39.

establishing this equilibrium of humours. The Indian system applied dietary control, where as the Europeans went for 'purging' the body to get the wasteful material out of it.²¹ This was the reason for the frequency of bleeding that was resorted to in European frognosis and that of the Indian dietary control by even fasting.²² The other aspect of European medicine was the examination of urine. Though, it was not absent from the Indian system, the Unani physicians were reputed in this art. Ovington describes a Brahimin who was expert in urine examination and was invited by British woman to cure her.²³ But in the case of Europeans it was more often a process of complete diagnosis. And finally, the difference at the level of dealing with the epidemics, we

21. Note, Elisabeth Charlotte also believed in this concept of, discharge of waste ful material by natural process. Though she critised the frequent bleeding by the physicians. Shireem Moosvi, The Episodes in the Life of Akbar : Contemporary Reminsances, Aligarh, 1992, pp.102-105 ; P.D.Gaitonde, Portuguese Pioneers in India : Spotlight on Medicine, Bombay, 1983, p.104. Mentions about the illness of Akbar in 1605.
22. Garcia da Orta, Colloquies on the Simples and Drugs of India, Delhi, 1979, p.309 ; F. Bernier, Travels in Mughal Empire A.D. 1656-1668, Delhi, 1983, p.388 ; Abul Fazl, Ain-i-Akbari, Vol. II, (tr) H.S. Jarret and Jadunath Sarkar, p. 229 . Infact this notion of fasting dring illness has continued today also.
23. J.Ovington, A Voyage to Surat in 1689, London, pp.204-208 ; S.H.A.Khan, John Marshall in India, O U P, 1957,p.326.

find difference. This too was basically guided by the varying notions - the 'miasmas' for Europeans and for Indians the 'corruption of air' was the cause of epidemics (at professional level). The Indians believed in the divinity for such occurrence, so was the case with Europeans. As during the 1839 Cholera epidemic in London the church organized mass for seeking forgiveness for their common sin.²⁴ The only difference which was more visible in their actions by Europeans was the state intervention or more rightly the state sponsored 'quarantine' methods. This was unique to Europe. As rightly mentioned by David Arnold ; health and medicine in pre-colonial period were matters for individual initiative or at most communal effort. It was under imperial rule they became part of a wider process of state regulation and centralized control".²⁵ It is not to suggest that there was no state patronage or intervention in the Indian case. The state has always acted as provider for the reliefs during moments of crisis and distress, funds for medical purpose but not as determinant of a particular

24. Frank Mort, Dangerous Sexualities, London, 1987, ch : i p. 14.

25. David Arnold (ed), Imperialism Medicine and Indigenous Societies, Delhi, 1989. p. 18.

system.²⁶

The attempt above was not to argue for the superiority of any system of medicine as such, but only an effort to see the comments of the European doctors, trained and untrained. Who came as travellers or as surgeon with the ships during our period of discussion and commented on the Indian state of medicine and treatment. With brief discussion with two case studies we have been able to establish and show a kind of compatibility the two medicine system had . Infact the tendency to look down upon any thing Indian was a part of 'cultural imperialism' which started at later half of the nineteenth century i.e. after 1860 s which was a part of bigger game plan - to use 'it ' as a tool for empire building.²⁷ No doubt, the latter period of our discussion and the nineteenth century as a whole, was plagued by te occurrence of epidemic diseases. The

26. Note. Ashokan Rock Edit : II tells about the constructions of hospitals for both animals and men. In Mughal perriod the tradition continued. In Akbarnama, Abul Fazl mentions about the oders being issued by Jahangir and Shahjahan that , "In all big cities, hospitals should be established for the sick and the expencess for running these hospitals will be paid by government". ; Hasan Askari, "Medicines and Hospitals in Muslim India" in IHC, 1957, PP.170-183.

27. Roy Macleod, 'Introduction' in Disease... op.cit. p.1 ; K.N. Panikar, "A study of revalitalization Movement in Kerlam", Studies in History. Vol. 8. No.2. 1992, p.285.

scientific medical knowledge of the period 1860s, believed the cause of disease and epidemics in environment and miasma theories. According to a Report of A Royal Commission of 1859 the appearance of epidemics was concluded as "appear, disappear and reappear in different periods and at different degrees of intensity but always occur among populations exposed to certain unhealthy conditions."²⁸ Also the intensions of the British colonial government should be understood in the correct persepective.²⁹ It is in this backdrop we should discuss the Europeans comments on the Indian state of medicine to get a total picture, of the period.

Garicia Da Orta, a trained doctor who was at Portuguese Goa, from 1529 A.D. for about more than three decades had practiced medicine and also compiled a Colloquies on the drugs of India has spoken highly of Indian medicine and has also commented on cure and curing process. He says 'a single herb could be used for many diseases'.³⁰ He further says

28. Radhika Ramasubban, "Imperial Health in British India", 1857-1900" in Disease, Medicine and... op.cit., pp. 40-41. She goes on to see logics in the district areas of European residence , 'Contonment', 'civil lines', 'civil station', 'Hill station'.

29. Mark Harrison, Quarantine, Pilgrimage, and Colonial Rule' in IESHR , Vol. 29, No. 2, 1992, pp.117-144.

30. Garcia da Orta, Colloquies on the Simples and Drugs of India, Delhi, 1979, p. 10.

"druggist is separate than doctor".³¹ Orta has complained about the Portuguese druggists for their money mindedness and says about the Indian mass that they were also aware of simple medicine and visited doctors only when situation worsened.³² Orta also describes the popular belief that existed in Portugal about the boils and mangoes. People believed 'it' (Mango) cures the boils but Orta himself did not believe in such notions.³³ Orta is also critical about the Indian physicians lack of knowledge about anatomy.³⁴ In fact, most of the Europeans of the period had complained of this fact. A similar opinion was also voiced by trained French doctor Bernier and John Fryer.³⁵ John Fryer has even gone as far as declaring Indian pharmacy as "no better than perfumers..."; "...they 'pretend ' to understand pulse but not look on urine " ; "Barber taking care of fluxes...", these and many more such comments are made by Europeans on -

31. Ibid, pp.156-158.

32. Ibid, pp.264-69.

33. Ibid, p.289

34. Ibid, p. 308.

35. F.Bernier, The Travels in the Mogul Empire AD.1656-1668, Delhi, 1983, p. 339 ; John Fryer, A New Account of East India and Persia, 1672-81, Delhi, 1992, Vol.1, p. 286, Vol.II P.103. Abbe Carre, The Travels of the Abbe Carre in India and the Near East 1672-74, 2 Vols. Delhi, 1990, p. 371.

the state of Indian medicine.³⁶ Even they deny the existence of 'good' doctors.³⁷ But these and other commenters of the Indian medicine have also lauded the knowledge of the populace about general herbal medicine and also explained the depth of Indian physicians by exploring their knowledge of medicine which varied from herbs, animal, and human fats, to the use of minerals and astrology for correct diagnosis.³⁸

Despite such adverse comments on the Indian state of medicine trained doctors like F. Bernier who himself was critical of the state of medical science has agreed that, the medicine and the cure process undertaken by the Indian

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36. John Fryer, A New Account of East India and Persia, 1672-81, Delhi, 1992, Vol.1 ; J.B.Tavernier, Travels in India, Delhi, 1977. Vol I, pp.241-271. Orta, Colloquies... op.cit., pp. 309-11.
37. J. B. Tavernier, Travels in India, New Delhi, 1977, Vol.1, p.271.
38. Garcia Da Orta, Colloquies... op.cit. pp.324-352. Abbe Carre, The Travels of the Abbe... op.cit. Vol. I pp. 265-277, 288, J. Ovington, A Voyage to Stuart 1689, OUP. 1929, pp. 140, 155-159, 204-208, John Fryer, A New Account ... op.cit., Vol. I, p.48, 285-89, Vol.II, pp.227-28. S.H.A.Khan, John Marshall, in India, 1668-72, OUP, 1927, PP. 319, 336-353 ; John Huyghen Van Linschoten, The Voyage of J.H.V.Linschoten, 2 Vols, New Delhi, 1988, Vol. 2, pp.126-32 ; F.Bernier, The Travels in the... op.cit. p.38.

physicians were successful on Indians.³⁹ And, we have sufficient information on the fact that Indian physicians and drugs at times were sought to or preferred to that of existing European expertise on it by the Europeans themselves (already cited many times). This has been fairly articulated in the accounts of the contemporaries.⁴⁰ As a matter of fact, until the first half of nineteenth century there was a co-existence of all medical systems and the Mughal state or the ruling class of the period had both, doctors, physicians, hakeems and vaidas at their court and also help of the Europeans when the need arose. There was constant and healthy exchange of professional knowledge at the higher levels. We have sufficient information on Indian courts employing European doctors and the Europeans employing Indians.⁴¹ Thus at the end of the period, what we find is both the medicine systems—the indigenous and the

39. F. Bernier, The Travels...., op. cit., p.388.

40. S.N. Sen, Indian Travels of Thevenot and Carri, The Travels of...., op.cit. p. 288 ; Theon Wilkinson, Two Monsoons, London, 1987, pp, 11, 75-76.

41. J.Ovington, A Voyage...., op.cit. pp.204-208 ; Abbe Crrae, The Travels...., op.cit. Vol. 1, p. 288, Vol. III, pp.724-32 ,750-51 ; B.G.Gokhle, The Poona in 18th Century, New Delhi, 1988, pp.67, 84-85 ; N.Manucci, Storia da Mogor, Vol. 4, pp.187, 207-208, 220-227, 250 ; F. Bernier, The Travels...., op.cit. p.274 ; Theon Wilkinson, Two Monsoons , London, 1987, pp.75-77 ; V.K. Bhawe, Peshwe Kalin Maharashtra, (in Marathi), ICHR, 1976, PP.96-109.

Europeans coexisted. The Europeans basic complaint about the Indian medicine was the lack of bleeding which led the contemporary to all kinds of statemets about Indian medicine and the process of cure. Apart from this, "guarantine" a state sponsored policy we do not have much difference as we have already discussed above.

CONCLUSION

Actually it is not really a conclusion, but some disjointed inferences arrived at after the literature survey under the foresaid paradigm; that is, to gauge the medieval society through the prism of medical experience. The attempt had been made to examine the possibility of achieving of an objective understanding of a contemporary society, through the texts of the period specially, of the 'medical experience'. Though the effort here was to achieve the holistic knowledge of the populace in the period, through their perceptions of the society (when we are aware of the fact that social perceptions were reflective of the socio-cultural constructions of medical knowledge)and medicines were reflective of a wider networks of ideology and power.¹

There are numerous illness and diseases (epidemics) through which the multiplicity of attitudes behavior, the ways of seeing had been mapped in this preliminary study. It not only captured the images of the suffers and the

1. Roy Porter (ed), 'Introduction', in Patients and Practitioners, Cambridge, 1985, p.1 ; K. Singh, 'Famine, Nationalism and Social Change : The Indian Scenario' in IHR, Vol.XIV, No. 1-2, 1987-88, p.186.

professionals; but, his family members, other members of the society and the interplay of the environment was reflected in their behavior. That is to say, the varying aspects of social economic, religious affiliations, levels of class and community perceptions.²

Mode of living or rank in a society does not alter the susceptibility of a person. The prince and the peasant alike subject to its influence. [IMG, K.C.Bose, 1890]

Thus , our investigations then has tried to widen our sense of history of the human diseases and epidemics, which is inseparable from human kind. ³ One of the interesting features which has come out of our examination is that the nexus between the medicine men and the ideology with that of the ruling class. The way they were able to weild the influence over them (ruling class). This nexus was not only was exploited by the Britishers who used them to seek trading concessions and further their imperialistic designs but also by the Indian rulers to gain the proximity and goodwill of their neighbours. (Arnold, et. al.)

The second aspect which has been brought out is the necessity of good health of the rulers and their army to

2. Roy Porter, op.cit., p.5.

3. Donald R.Hockins, Princes and Peasants, Cichago, 1983.

maintain their as well as their states survivability. As the episodes of illness are the time of Akbar's reign,

Shajahan's reign of for that matter at the end of Alamgir's reign, we see the war of succession taking place. The Europeans faced the problems of high mortality among their army as well as the civilian populations, prove the point that how necessary the crop of medical professionals were.

Thirdly, the mortality, migration and the population growth during the period could also be studied and thus construct the demographic history for the medieval period of the Indian society, for which at present we lack data (Tim Dyson, Dick Kooiman, W.H.Moreland, M.N.Pearson and others have talked about it).

Forthly, they bring about the material and the moral base of the society. That is to say the material well being did not allow them the freedom from death neither did it fastened it. As the mortality rate at the popular level showed that the dearth led to high mortality (David Arnold, Elborg Foster, Donald R. Hopkins, Rajat Datta, et. al.).

Fifthly and very fundamental to our investigation that it has brought out the latent aspects of the human interaction at the level of the environment (which constitutes of himself and the landscape where he lives). Thus shaping a sense of self and sickness.

Sixthly, the study has illustrated the development of multitude of healing traditions. Indicating patterns of health care and the interplay of other factors which were

responsible for its development (social, political, religious and economic). In-fact the development of the European medicine and its failure to achieve the acceptability among the indigenous populace. The very development of European medicine and cure was alien to the perceptions of the Indian people, as it was officially dictated. In fact the initial development of European medicine, which was preventive in nature was under the police department of the state.⁴

Seventhly, the disease/illness paradigm has provided the language to interpret the emotions which are generally invisible during normal times and comes out only under the moments of anxiety, despair and crisis etc. . As already stated above the examination is a preliminary in nature and a survey, but we will be satisfied if the above paradigm is able to help us to comprehend the society which is no longer visible in physical terms. The literature surveyed should prove itself for this alternative paradigm to comprehend the complexities of the Indian medieval society.

4. Philip Fredric MeclDowney, Colonial Administration and Social Developments in Middle India, the Central Provinces, 1861-1921, (Unpublished Ph.D.Diss.), 1980.

Appendix A

Here are a few news items, collected over a period of one year from the *The Times of India*, New Delhi, which illustrates about how during a crisis or catastrophe an individual or a society reacts, even today. Their nations of "anything happening due to divine will, drive them to seek solutions in prayer, ritual sacrifices". Thus, bringing out the mentality of the person, an aspect which generally is hidden, the effort to look at calamities, diseases helps us to understand a society in its total, social intellectual and cultural milieu.

Puthrakameshti

An ancient vedic ritual meant for childless couples being conducted for eight days from May 2, 1992, at Kochi, amidst mounting protests from various women's organisations and progressive forums who allege that the rituals are for the birth of a male child only. The yagna being organised by an "astrological research organisation" based in Kerala have selected 1100 childless couples to participate in the yagna. [May 3rd, 1992 The TOI, New Delhi]

Yagna gets underway

KOZHICODE, . Even as the controversy over the conduct of the ongoing puthrakameshti yagna at Kochi is yet to die down, another yagna called sarvakameshti began here today.

The yagna was formally inaugurated by poet Akkitham and the rituals will begin tomorrow with agni-chayanam (lighting the sacred fire) followed by amahaganapathyhomam.

The organizers of the yagna, the Kerala Kshetra Samrakshana Samithi, said it was being conducted for the country's overall progress.

The controversial part of the yagna is the santhana saubhgya pooja for which 11 childless couples have been selected. A special parsadam made of ayurvedic herbs would be given to the couples, the organizers said. [7th May, 1992, The Times of India, New Delhi]

The ultimate in healing!

BELJING, (Reuter) A Chinese witch-doctor has been arrested after advising a farmer to "cook" his son in a traditional bamboo steamer to cure paralysis, the official Hubei daily said. The boy died.

Lan Liangyou, a farmer in Huber's rural Songzi country, paid a witch-doctor, Zhang Youha, a total of 400 yuan (\$74) to cure his young son's paralysis, the newspaper said in its April 21 edition, seen in Beijing on Friday.

After several medicines proved ineffective, Zhang said the illness would have to be "steamed out" and he supervised as Laean his wife placed the boy in a large bamboo steamer and began to "cook" him.

Despite the boy's cries, Zhang insisted he should be steamed "until the blood runs from his pores," the newspaper said. After two hours over the fire, the boy died. [25th April 1992, The TOI, New Delhi]

Hanuman works

JOHANNESBURG : 2nd May 1992, A 27 year-old South African of mixed Indian-African parentage has become a new phenomenon in the sugar plantations of the Natal province with his apparent powers to heal the sick and the lame through his devotion to the Hanuman, reports PTI. [2nd May, 1992, The TOI New Delhi]

SACRIFICE TO WARD OFF EVIL SPIRITS

Jamshedpur : A four year - old girl, Tunu Murmu was killed by a farmer propitiate a tribal goddess at Indurmati village under the

muffasil police station near here on Friday . The police said the farmer. Bjutnath Mahato, has been arrested and remanded to judicial custody.

According to the father of the victim and other villagers. Tunu was bathed in a pond and then killed with arrows. Bhutnath and his family sacrificed the girl to ward off evil spirits. [PTI, Reports The TOI, New Delhi]

PRAY FOR RAINS...

That more things are wrought by prayer than mankind dreams of was demonstrated in Bombay on the night of Saturday, , when the weather god partly opened the taps of the monsoon, apparently in response to the brahmin priests who stood in huge drums filled with water to chant religious hymns, at Matunga, as the beginning of the Varuna Jappam, a pooja to invoke rain.

TAKING its cue from the Matunga residents as well as the Christian churches which have launched Sunday prayers for the truant monsoon, BLITZ calls upon the Chief Minister to set a time on any day in the week for mass citywide as well as statewide prayers.

All Sudhakar Rao Naik has to do is immediately to organize a press meeting to announce that at a set time (say, 10 a.m.) on a set day (say, Friday, 17th July) sirens will blow in the city and all over the state to signal three minutes devoted to prayers for rain by every citizen, family or group in their own religious persuasions.

WE have witnessed this miracle of rain wrought by prayers in the old Indian states during the British Raj, when princes used to lead the people to mass million-throated prayers at temples dedicated to the state deities, with almost immediate response in the form of thunder, lightning and rainfall from the rain gods. [18th July 1992, Blitz, Vol.LII : No.29]

Human Sacrifice

The recent case of the human sacrifice of a youth from the depressed Matang community of Maharashtra in Osmanabad dist. comes to light.

Rajabhau Limbaji Lodhe, a Matang was sacrificed on 27th April 1993. This propitiation was intended to restore water to dry well. The manner of Lodhe's death was particularly gruesome. Here, too, the circumstances point to a bizarre combination of archaic superstition and modern technology : Lodhe was lowered into the well on the boom of a crane, through which electric current was then passed. He died by electrocution . [June 16, 1993, The TOI, New Delhi.]

Appendix B

Following are few notions and process of cure from the present day North Bihar villages. These experiences are personal in nature that is to say, being an audience to them.

Cure from snake bite, dog bite, and affliction of withches

In case of a snake bite, the person was taken to the village barber who was also a 'Guni'. He uttered some mantras in an inaudible voice and repeatedly touched the site the snake bite. The mantra was repeated time and again, till the person affected said he felt better. After this the barber suggested him to visit the village hospital too, which he did. This barber was also famous for curing from dog bites through mantra. He knew how to control the evil effects of witches, Generally the witches affected new born ones and this was cured by the midwife as well.

Tattoo as therapy

A nomadic tribe of North Bihar known as Nat-Natin specialize in treating minor complaints of headache, stomach problem and even they cure graying of hair. They also specialize in treating the chronic headache through making tattoo on each temple. The tattoo was also considered as an effective mark for dispelling evil effects of evil eye and other evil eye and other evil spirits.

Bonesetters / Massage Men

They belong to the barber caste, as well as to the gardener and cobbler castes. By massage and using oil and animal fat, they set dislocated bones and sprained muscles. They also use turmeric and castor oil for

massage. In fact constant heat treatment for the dislocated bones and muscle was also resorted to. Barbers also performed small

operations, thorn pulling etc. They also cured stomach ache and chronic headache through massage.

A temple of sitala mata with Kali and Durga can be seen in I.N.A. colony New Delhi, near Safdarjang Airport..pa

Appendix C

Midwife in present day society

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Saroopi is 45. For the last nine years she has been practising the family occupation as a traditional birth attendant (dai). It fetches her Rs. 50 or more per birth. But the risks are tremendous. Even if one case goes wrong nobody in the area will call her again.

Baijyanti started by accompanying her mother as a birth attendant when she was barely 16. Now at 28 she is able to do it alone. She is confident of handling even a complex case, although she promptly suggests sending for a doctor if she feels she may make a mistake.

The traditional birth attendants who still help in the delivery of a large number of children in India. Their beliefs and practices are far from what one would see in hospitals. But as they say, "we've managed to give birth to our own babies by following the beliefs".

Kali Devi, 50, narrates how earlier a paste of cowdung was always applied on the abdomen of the mother and child soon after birth. In the jhuggi-jhopari clusters that were surveyed by the Voluntary Health Association, 82 per cent of the women chose to deliver at home and most deliveries were performed by dais.

For most dais, theirs is a family profession which requires no formal training. And seldom do they rush a patient to a hospital though they are aware of the risks involved in any delivery.

Most of the dais learned how to deliver babies by accompanying either their mothers or mothers-in-law.

The normally diagnose pregnancy by feeling the palpitations over the abdomen. Some also perform a vaginal examination. Others says they look for indicators such as a glow on the woman's face, a waddling gait and excessive sweating.

Interestingly, most of the dais can

recognise anemia by external symptoms. They cut the chord and apply ghee, oil, spirit, dettol or talcum powder on it. Most of them said that they continue their visits after the baby is born and may even help to look after the mother and child. [Kalpana Jain, 29th April, 1993, The TOI, New Delhi.]

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